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ABSTRACT

This document records the oral and written testimony of persons who testified at a hearing on how vocational rehabilitation for persons with disabilities, particularly severe disabilities, can be improved. Witnesses included directors of federal and state rehabilitation services departments, and officials of rehabilitation provider organizations and support groups for persons with disabilities. Some of the points made by the various witnesses were the following: (1) vocational rehabilitation should remain a separate entity and not be merged with general job training because the severely disabled may not be provided with the services they need; (2) the state of Kentucky is providing one-stop job training centers that serve the needs of all people, including those with severe disabilities; (3) some persons have been able to lead productive, professional lives and repay the investment in their vocational rehabilitation through that training; (4) some private groups can provide innovative programs of vocational rehabilitation and increase the choices of those who need the services; and (5) using block grants to states may not necessarily reduce expenses. (KC)

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HEARING ON VOCATIONAL REHABILITATION

ED 387 662

HEARING

BEFORE THE

SUBCOMMITTEE ON
POSTSECONDARY EDUCATION, TRAINING AND
LIFE-LONG LEARNING

OF THE

COMMITTEE ON ECONOMIC AND EDUCATIONAL OPPORTUNITIES HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, MARCH 29, 1995

Serial No. 104–34

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HEARING ON VOCATIONAL REHABILITATION

WEDNESDAY, MARCH 29, 1995

HOUSE OF REPRESENTATIVES, SUBCOMMITTEE ON POSTSECONDARY EDUCATION, TRAINING AND LIFE-LONG LEARNING OF THE COMMITTEE ON ECONOMIC AND EDUCATIONAL OPPORTUNITIES, *Washington, DC.*

The subcommittee met, pursuant to call, at 9 a.m., Room 2175, Rayburn House Office Building, Hon. Buck McKeon, Chairman, presiding.

Members present: Representatives McKeon, Gunderson, Riggs, Souder, Williams, Reed, Roemer, and Sawyer.

Staff present: Hans Meeder, Professional Staff Member; Sally Lovejoy, Senior Education Policy Advisor; Dr. June Harris, Education Coordinator; and Rick Jerue, Minority Counsel.

Chairman MCKEON. Good morning, again. I want to thank Mr. Gunderson. We pulled him out of another meeting, and we appreciate him coming over to help us get started.

We have convened today's hearing to provide input to the subcommittee on how vocational rehabilitation for persons with disabilities, particularly severe disabilities, can be improved.

We have been working on a program holding several hearings. This is the ninth of a series of hearings on looking at how we can take Federal job training programs with a lot of overlapping, with a lot of bureaucracy, and condense them down to four programs and block grant them out to the States. This is the final hearing that we will have before we do take our break.

We are really interested in hearing from our witnesses today on the advantages and cautions about moving to integrate a vocational rehabilitation system with job training reform.

I would ask each of the witnesses to summarize their testimony. We have your written testimony, which will be placed in the record. You have five minutes, if you would, to summarize, and that gives us time for questions afterwards so that we can have a good discussion.

We will first hear today from Mr. Frederic Schroeder, Commissioner of the Rehabilitation Services Administration in the Department of Education; then Mr. Pat Kemp, Executive Director of RCH Technical Institute in Seattle, Washington; Ms. Lenny Granger of Falls Church, Virginia. She is accompanied by Mr. Harry Hall, Director of the Development Team in Jacksonville, Florida; Mr. Tony Young with the American Rehabilitation Association, presenting on behalf of the Coalition for Citizens with Disabilities; Mr. Sam Serraglio, Commissioner of the Department of Vocational Rehabili-

tation from the Kentucky Workforce Development Cabinet, and let's proceed in that order.

First we will hear from Mr. Schroeder.

STATEMENTS OF FREDERIC SCHROEDER, COMMISSIONER, REHABILITATION SERVICES ADMINISTRATION

Mr. SCHROEDER. Thank you, Mr. Chairman and Members of the subcommittee.

I am Frederic Schroeder, Commissioner of the Rehabilitation Services Administration in the Department of Education. I am pleased to be here this morning and to provide you information about the public vocational rehabilitation program from my perspective as RSA Commissioner, a former State VR Agency Director, and a former customer of the program.

Under the program, nine million individuals with disabilities from all walks of life have been assisted in acquiring gainful employment, and each year approximately 200,000 people with disabilities have reached an employment outcome.

We are here today to convey our belief that we need to continue with vocational rehabilitation as a separate identifiable program for people with disabilities. We do not believe it can effectively be consolidated with other job training programs because of the specialized needs of our customers.

It is important to recognize that VR is more than job training. In my own experience, when I became totally blind at the age of 16, I was entirely without hope. I had no conception of what a blind person could do with his or her life and assumed that the future held for me a life of dependency and isolation. I needed much more than employment training. I needed help in reshaping my own conception of blindness, coupled with training and skills, such as Braille and cane travel that would allow me to live independently. Only then could I start the process of beginning to identify my career interest and seek the training necessary for eventual employment.

Adjustment counseling, training in the adaptive skills of blindness, vocational training, information about adaptive technology, and assistance with job placement were all part of the skills I required and the assistance I received. These types of VR services are primarily purchased through local service providers, such as community-based rehabilitation programs, hospitals, physicians, as well as colleges, technical schools, and other job training providers.

A single, consolidated employment training program for everyone, including people with disabilities, has a number of potential hazards, not the least of which is the serious concern that a consolidated program would simply be ill equipped to work effectively with people with severe disabilities.

We are concerned that a consolidated employment training program would not be able to offer the specialized services people with disabilities need to secure and retain employment. Without access to comprehensive services, their reliance on public assistance may increase dramatically, including in some cases institutionalization at significant public expense.

Another serious concern is that a consolidated employment training program for everyone would likely base eligibility on an individ-

ual need for employment. An important aspect of the vocational rehabilitation program is the provision of rehabilitative services that allows individuals to continue working while receiving specialized training, rehabilitation, engineering or adaptive technology assistance.

Many individuals with severe disabilities experience significant change in their ability to function over time. We would be deeply troubled if these individuals had to first lose their jobs as a condition of becoming eligible for services under a consolidated program.

The 1992 amendments to the Rehabilitation Act include provisions to increase our customers' participation in the rehabilitation process. These new provisions referred to as the choice provisions reinforce the principle of the client as customer. We believe this provision is an important expression of the belief that rehabilitation is not simply a handout to be passively received, but a program that promotes self-help and independence.

Over the past several months, we have engaged in a number of meetings with VR agency directors whose agencies are participating in one-stop shopping programs in their State. In every case coordination with the State's overall employment training system has provided real benefit to the VR program.

Nevertheless, agencies participating in one-stop shopping express the importance of the VR program remaining separate in order to preserve the availability of comprehensive, specialized services for people with disabilities, particularly those with severe disabilities.

In conclusion, let me again state that the Rehabilitation Services Administration believes people with disabilities significantly benefit from the distinct system of public vocational rehabilitation. As Commissioner of the Rehabilitation Services Administration, I wish you to know that I am personally and deeply committed to working actively to expand employment opportunities for people with disability.

It is our hope that we will be able to build on the successes of the past 75 years and apply our research, experience, and imagination to the important job of helping people with disabilities reach their fullest potential.

I thank you for allowing me the opportunity to present my views. This concludes my remarks, and I would be happy to answer questions.

[The prepared statement of Mr. Schroeder follows:]

STATEMENT OF
FREDERIC SCHROEDER
COMMISSIONER OF REHABILITATION SERVICES ADMINISTRATION

Mr. Chairman and Members of the Subcommittee:

I am Fredric Schroeder, Commissioner of the Rehabilitation Services Administration (RSA) in the Department of Education. I am pleased to be here this morning and to share with you information about the successes of the public vocational rehabilitation (VR) program and the people it serves. I also bring the perspective of a former customer of the program as well as a former state VR agency director.

Vocational Rehabilitation is a 2.3 billion dollar state grants program authorized under Title I of the Rehabilitation Act of 1973 (the Act), as amended. Since its creation 75 years ago, the VR program has been continuously reauthorized and expanded with bipartisan support. Under the program, nine million individuals with disabilities, from all walks of life, have been assisted in acquiring gainful employment and each year, approximately 200,000 people with disabilities achieve an employment outcome.

We are here today to convey our belief that we need to continue with vocational rehabilitation as a separate identifiable employment program for people with disabilities. We do not believe it can effectively be consolidated with other job training programs because of the specialized needs of our customers.

It is important to recognize that VR is more than job training. Employment training is only one of a broad range of services provided by the program. Many individuals served by the VR program need specialized services before they can benefit from employment training. The program provides evaluation, counseling, guidance, physical and mental restoration, mobility training, assistive technology and other services to prepare and place people with disabilities into jobs. These VR services are primarily purchased through local service providers such as community-based rehabilitation programs, hospitals, physicians, as well as colleges, technical schools, and other job training providers. Relationships with these service providers are well-established and based upon the program's expertise regarding their success in working with individuals with various disabilities. The program works closely with the individual to tailor these services to the individual's unique strengths, resources, priorities, concerns, and capabilities. Staff working with the clients have the expertise not only to evaluate the individual's specific training needs but to assess other factors related to the individuals's disability that might affect job readiness or success in obtaining employment.

In my own experience, when I became totally blind at the age of sixteen I was entirely without hope. I had no conception of what a blind person might do with his or her life and assumed the future held for me a life of dependency and isolation. I needed much more than employment training. I needed help in reshaping my own conception of blindness, coupled with training in skills such as Braille and cane

travel that would allow me to live independently. Only then could I start the process of identifying my career interests and begin pursuing the training necessary for eventual employment. Adjustment counseling, training in the adaptive skills of blindness, vocational training, information about adaptive technology and assistance in job placement were all part of the services I required and the assistance I received.

Over the years, Congress has sharpened the focus of the VR program, increasingly shifting it from working with people with mild or moderate disabilities to working with an increased number of people with more severe disabilities -- people who were not and could not be served by other programs -- people with serious, multiple and specialized service needs. Over time, we have learned much about how to work effectively with people with serious disabilities. For example, prior to 1943, the VR program presumed that a blind person had no rehabilitation potential. Today, we routinely place blind people as teachers, lawyers, computer programmers, customer service representatives, machinists and in a whole host of occupations previously assumed to be unattainable for a person with a severe disability.

A single consolidated job training program for everyone, including individuals with disabilities, has a number of potential hazards, not the least of which is the serious concern that a consolidated program would simply be ill-equipped to work effectively with people with severe disabilities. We are concerned that such a consolidated job

training program will not be able to offer the specialized services people with disabilities need to secure and retain employment. Without access to comprehensive services, their reliance on public assistance may increase dramatically, including, in some cases, institutionalization, at considerable public expense.

Another serious concern is that a single consolidated employment training program for everyone would likely base eligibility on an individual's need for employment. An important aspect of the vocational rehabilitation program is the provision of rehabilitative services that allows individuals to continue working while receiving specialized training, rehabilitation engineering or adaptive technology assistance. Many individuals with severe disabilities experience significant change in their ability to function over time. We would be deeply troubled if these individuals would have to first lose their jobs as a condition to becoming eligible for services under a consolidated program.

We believe that the objective of greater flexibility, coordination, and efficiency through consolidation of various programs is not incompatible with the idea of maintaining VR as a separate identifiable program. Currently, Governors have latitude in the organizational placement of the VR program within State government. Additionally, the Act contains the flexibility to allow VR agencies to participate in various types of one-stop shopping configurations within their states.

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Over the past several months, we have engaged in a number of meetings with VR agency directors whose agencies are participating in state one-stop shopping programs. In every case, coordination with the state's overall employment training system has provided real benefit to the VR program. Nevertheless, agencies participating in one-stop shopping expressed the importance of the VR program remaining separate in order to preserve the availability of comprehensive, specialized services for people with disabilities, particularly those with severe disabilities.

We believe that it is important that other employment programs within a state make provisions for serving people with disabilities who may not require the comprehensive services of the vocational rehabilitation program, particularly those with less severe disabilities. Clearly, people with disabilities must have equal access to programs and services available to others. However, historically this has not been the case.

Another driving force for consolidation of job training programs is the hope of achieving a simplified system and enhancing the customer's role in planning and selecting employment training services. We believe both of these objectives are currently met under a specialized program of vocational rehabilitation. The 1992 amendments to the Rehabilitation Act include provisions to increase our customers' participation in the rehabilitation process. These new provisions (referred to as the

choice provisions) reinforce the principle of the client as customer. We believe this provision is an important expression of the belief that rehabilitation is not simply a hand-out to be passively received but a program that promotes self-help and independence.

We believe that Federal programs must be able to demonstrate their effectiveness. We are currently undertaking a number of activities in order to improve the effectiveness of the VR program, including a major multi-year longitudinal study of the program and the development of uncomplicated accountability measures. These measures look at performance indicators such as numbers of customers served, employment outcomes, job retention, and customer satisfaction. In this way we hope to go beyond the collection of gross measures of program performance and focus on what we regard as qualitative measures of program success. The longitudinal study will examine the success of the VR program in assisting individuals with disabilities to achieve sustainable improvements in employment, earnings, independence, and quality of life and will follow approximately 10,000 program participants. In addition, we are participating in the Administration's Disability Policy Review which is examining the various Federal programs serving individuals with disabilities.

In closing, let me again state that the Rehabilitation Services Administration strongly believes that people with disabilities significantly benefit from a distinct program of vocational rehabilitation. We are deeply concerned that combining

rehabilitation with other job training programs will return us to a condition wherein individuals with disabilities and, particularly individuals with severe disabilities, will have little opportunity to obtain the services needed to become taxpaying, contributing members of their communities. The comprehensive nature of the vocational rehabilitation program distinguishes it from other job training programs. At the same time, the Act allows and, in fact, encourages the VR program to work collaboratively with other employment services.

As Commissioner of the Rehabilitation Services Administration, I wish you to know that I am personally and deeply committed to working actively toward promoting expanded employment opportunities for people with disabilities. It is our hope that we can continue to build on the success of the past 75 years and apply our research, experience, and imagination to the important job of helping people with disabilities to reach their fullest potential.

I thank you for allowing me the opportunity to present my views. This concludes my remarks. I would be happy to answer questions.

Chairman MCKEON. Thank you very much.
Mr. Kemp.

STATEMENT OF PAT KEMP, EXECUTIVE DIRECTOR, RCH TECHNICAL INSTITUTE, INC.

Mr. KEMP. Mr. Chairman, Members of the subcommittee, thank you for the opportunity to testify on my experiences with private sector systemic models of rehabilitation for persons with severe disabilities.

I am Pat Kemp. I am Executive Director of RCH Technical Institute in Seattle, Washington.

Our vision is to provide the opportunity for economic independence through education that leads to employment for persons with severe disability. RCH starts with jobs and ends with jobs.

RCH Technical Institute is a private, nonprofit, postsecondary training and employment center for persons with severe disabilities. Our 14 years of experience has demonstrated a 90 percent placement record of high expectancy employment outcomes for over 1,200 individuals.

Our program participants are people with a broad range of disabilities, including sensory, motion, psychological, and mild cognitive challenges. RCH offers programs in computer programming, electronics, business, computer aided design, customer service, and computer networking. RCH focuses on jobs. If a program does not lead to employment, we find another one that does.

RCH is an employer driven system. The partnership between RCH and over 250 businesses insures training is relevant and that participants are ready to enter the work force. For instance, 50 percent of a class that graduated two weeks ago is now employed.

An IBM study states that each successful rehabilitation saves the taxpayers approximately $500,000 over the 25-year working life of the individual. Based on this figure, RCH's work to date will save the taxpayers in excess of $600 million.

Our demonstrated success is based on three major program components: strong industry and private sector investment and participation.

Over 250 businesses participate in curriculum development, student mentoring, internship and apprenticeship programs, and classroom instruction. Industry needs drive our programs. Additional private sector investments are provided by in-kind contributions and direct funding. The business community donates in excess of 150 labor hours per student performing these tasks. Having been brought into our program through participation, these same businesses hire our graduates.

The second program component is private/public sector partnerships. Over a decade of on-site seamless service with Washington State Employment Security providing placement support to program participants. On-site support from the Division of Vocational Rehabilitation. We are currently teaming with DVR on plans for an innovative service delivery demonstration model to be implemented in July of 1995.

The third component, a systemic model of integrated service delivery. Over 10 years of experience providing services in a model that today would be called a one-stop job service center. The con-

cept of seamless employment services integrating comprehensive supportive services, program and training services, and placement services. Team counseling concepts that result in individualized participant planning and program implementation.

Let us first be clear that persons with severe disabilities have special needs and including this community in a generic job training program is problematic. We must preserve the integrity of the Rehabilitation Act. While there are many ways to implement this funding strategy, the key to successful employment of persons with severe disabilities is to maintain dedicated program funding.

Based on our experience, we are proponents of allowing greater privatization of vocational rehabilitation services for persons with severe disabilities. Greater privatization is a compassionate and efficient solution that leads to more choice, better quality, increased capacity, and development of national performance standards.

How can we achieve greater privatization? Allow the private sector the opportunity to compete on a level playing field by insuring participant choice of rehabilitation options during all phases of the process. An individual with disability may select any cost effective vendor, public or private, on the approved list maintained at a one-stop center. This will insure that the laws of supply and demand, the free market system, determine market share for vendors.

Give the private sector direct access to a percentage of Title I funds. Allow the private sector to match dollars.

Create national performance standards that are applied equally to both the private and public sectors.

Legislation should require State plans to specify how the private sector will be involved in the rehabilitation process.

In conclusion, we are here today because you have a historic opportunity to change the inefficient way rehabilitation has been administered in this country. Federal dollars are eaten up in large, bureaucratic system, the end result being less services for those trying to enter and reenter the work force.

The private sector wants to participate in the process of getting people with disabilities into the work force and off of government subsidies that cost taxpayers in excess of $200 billion.

We support and are very interested in your efforts to improve efficiency, reduce waste, and provide effective rehabilitation services to people with severe disabilities.

Finally, the most compassionate solution is the one that gets the most Americans with disabilities into livable wage jobs and off of the self-esteem destroying subsidies.

Thank you.

[The prepared statement of Mr. Kemp follows:]

Pat Kemp

Chairman McKeon and members of the Subcommittee. Thank you for the opportunity to testify on my experiences with private sector systemic models of rehabilitation for persons with severe disABILITIES. I am Pat Kemp, the Executive Director of RCH Technical Institute in Washington State. Our vision: to provide the opportunity for economic independence through education that leads to employment for persons with severe disABILITIES. RCH starts with jobs and ends with jobs.

RCH Technical Institute is a private non-profit postsecondary training and employment center for persons with severe disABILITIES. Our 14 years of experience has demonstrated a **90% placement record of high expectancy employment outcomes for over 1200 individuals.** Our program participants are people with a broad range of disABILITIES including sensory, motion, psychological, and mild cognitive challenges. RCH offers programs in computer programming, electronics, business, computer aided design, customer service, and computer networking. **RCH focuses on jobs.** If a program doesn't lead to employment we find another one that does.

RCH is an employer driven system. The partnership between RCH and over 250 businesses ensures training is relevant and that participants are ready to enter the work force. For instance, 50% of a class that graduated two weeks ago is now employed. An IBM study states that each successful rehabilitation saves the taxpayers approximately $500,000 over the twenty five year working life of the individual. Based on this figure RCH's work to date will save the taxpayers in excess of 600 Million dollars.

Our demonstrated success is based on three major program components:

1. **Strong industry / private sector investment and participation.** Over 250 businesses participate in curriculum development, student mentoring, internship and apprenticeship programs, and classroom instruction. Industry needs drive our programs. Additional private sector investments are provided by in-kind contributions and direct funding. The business community donates in excess of 150 labor hours per student performing these tasks. Having bought into our program though participation, these same businesses hire our graduates.

2. **Private / public sector partnerships.** Over a decade of on-site seamless service with Washington State Employment Security providing placement support to program participants. On-site support from the Division of Vocational Rehabilitation. We are currently teaming with DVR on plans for an innovative service delivery demonstration model to be implemented in July of 1995.

3. **Systemic model of integrated service delivery.** Over ten years experience providing services in a model that today would be called a "One Stop Job Center". The concept of seamless employment services integrating comprehensive supportive services, program and training services, and placement services. Team counseling concepts that result in individualized participant planning and program implementation.

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Let us first be clear that persons with severe disABILITIES have special needs and including this community in generic job training programs is problematic. We must preserve the integrity of the Rehabilitation Act. While there are many ways to implement this funding strategy, the key to successful employment of persons with severe disABILITIES is to maintain dedicated program funding.

Based on our experience, we are proponents of allowing greater privatization of vocational rehabilitation services for persons with severe disABILITIES. Greater privatization is a compassionate and efficient solution that will lead to:

1. More choice of services for people with severe disABILITIES.
2. Better quality of services through competition.
3. Increased capacity through private sector investment and match of federal funding.
4. Development of national performance standards that will enhance optimal allocation of present and future scarce federal funds.

How can we achieve greater privatization? Allow the private sector the opportunity to compete on a level playing field by:

1. **Ensure participant choice** of rehabilitation options during all phases of the process. An individual with disABILITY may select any cost effective vendor (private or public) on the approved list maintained at a one stop center. This will ensure that the laws of supply and demand (free market system) determine market share for vendors.

2. Give the **private sector direct access to a percentage of Title I funds.** Allow the private sector to participate by raising private sector match dollars to increase the overall systems capacity. The resulting competition will foster greater choice and system effectiveness.

3. Create **national performance standards that are applied equally to both the private and public sectors.** Future decision makers will have a comparative basis for decisions on allocations to public and private sectors. In addition, performance standards will ensure quality service delivery and can provide a basis to ensure effective service for the most severely disABLED. It is also our belief that any national standards must include mandates for service to SSI/SSDI recipients capable of returning to work. Legislation should mandate uniform reporting guides and formats to ensure consistent national data.

4. Legislation should **require State Plans to specify how the private sector will be involved** in the rehabilitation process. States must demonstrate their proposed plans for private sector participation.

In conclusion, we are here today because you have a historic opportunity to change the inefficient way rehabilitation has been administered in this country. Federal dollars are eaten up in large bureaucratic systems, the end result being less services for those trying to enter and re-enter the work force. The private sector wants to participate in the process of getting people with disABILITIES into the work force and off of the government subsidies that cost taxpayers in excess of 200 billion dollars.

Finally, the most compassionate solution is the one that gets the most Americans with disABILITIES into livable wage jobs and off of the self esteem destroying subsidies. The compassionate solution is a systemic model that facilitates the transition from subsidy to the work force, provides maximum participant choice, provides maximum capacity for limited federal funds, and is based on healthy competition which leads to the best possible service.

We support and are very interested in your efforts to improve efficiency, reduce waste, and provide effective rehabilitation services to people with disABILITIES. If we can provide additional information to support your efforts please contact Pat Kemp at RCH Technical Institute (206) 368-3316. I respectfully request that this testimony and transcripts from any questions be entered into the hearing record.

Thank You

Patrick R. Kemp
Executive Director
RCH Technical Institute

Executive Summary

RCH Technical Institute is a private non-profit postsecondary training and employment center for persons with severe disABILITIES. Our 14 years of experience has demonstrated a 90% placement record of high expectancy employment outcomes for over 1200 individuals. Our success is based on three major program components:

1. **Strong industry / private sector investment and participation.** Over 250 businesses participate in curriculum development, student monitoring, internship and apprenticeship programs, and classroom instruction. Investments are provided in in-kind contributions and direct funding.

2. **Private / public sector partnerships.** Over a decade of on-site seamless service with Washington State Employment Security providing placement support to program participants. On-site support from the Division of Vocational Rehabilitation. We are currently working with DVR on plans for an innovative service delivery demonstration model to be implemented in July of 1995.

3. **Systemic model of integrated service delivery.** Over ten years experience providing services in a model that today would be called a "One Stop Job Center." The concept of seamless employment services integrating comprehensive supportive services, program and training services, and placement services. Team counseling concepts that result in individualized participant planning and program implementation.

Based on our experience, we are proponents of allowing greater privatization of vocational rehabilitation services for persons with severe disABILITIES. Greater privatization is a compassionate solution that will lead to:

1. More choice of services for people with severe disABILITIES.
2. Better quality of services through competition.
3. Increased capacity through private sector investment and match of federal funding.
4. Development of national performance standards that will enhance optimal allocation of present and future scarce federal funds.

How can we achieve greater privatization? Allow the private sector the opportunity to compete on a level playing field by:

1. Give the **private sector direct access to a percentage of Title I funds.** Allow the private sector to participate by raising private sector match dollars to increase the overall systems capacity. The resulting competition will foster greater choice and system effectiveness.

2. Create **national performance standards that are applied equally to both the private and public sectors.** Future decision makers will have a comparative basis for decisions on allocations to public and private sectors. In addition, performance standards will ensure quality service delivery and can provide a basis to ensure effective service for the most severely disABLED. It is

also our belief that any national standards must include mandates for service to SSI/SSDI recipients capable of returning to work.

Finally it is our experience that persons with severe disABILITIES have special needs and including this community in generic job training programs is problematic. We must preserve the integrity of the Rehabilitation Act and foster competition through privatization.

Chairman MCKEON. Thank you very much.
Mr. Hall, are you ready to proceed?

STATEMENT OF HARRY HALL, DIRECTOR, THE DEVELOPMENT TEAM, ACCOMPANIED BY MS. LENNY GRANGER

Mr. HALL. I am.

Mr. Chairman and Members, I am Harry Hall from Jacksonville, Florida, and with me is Lenny Granger from Falls Church, Virginia. I am the President of a small, 12 year old, not-for-profit corporation called the Development Team, Inc., and I am the Project Director of one of the seven Choice projects awarded by the Rehabilitation Services Administration last year based on the Choice provisions that were added in October of 1992 to the Rehabilitation Act.

We have provided you with written testimony. I have given to Hans Meter for you and for your Members a full set of the kind of manuals that we use to train our leadership and provide to our participants. So you can see the entire thing, in all of its detail, and I hope that in the questioning process we will have a chance to describe how we actually do some of this.

At this time I introduce to you Lenny Granger. Lenny came to Career Choice in Northern Virginia in May of 1994 and joined a group program for persons with disabilities. She prepared and will make our opening statement.

Ms. GRANGER. Mr. Chairman and committee Members, I am here to tell you first hand about Career Choice, a program that offers a sane and creative alternative to conventional rehabilitative services. The Career Choice model assumes that disabled people such as myself are best qualified to determine which services will help them gain or sustain employment and that people with disabilities can help each other in this process.

I was one of 12 people with chronic disabilities who were privileged to test this model last summer. For many of us the disabilities were not readily apparent. One used a wheelchair, one or two others a brace or crutch. Some had been disabled a year or two, one nearly a lifetime. I was among those who had spent all adulthood struggling with a debilitating disease for which there is now no cure.

I was 19 studying abroad when I was diagnosed with rheumatoid arthritis. Doctors hoped that it was the juvenile form of the disease which I would have outgrown, but I have never had a day of remission since May 1974. I had studied ballet for 13 years and was enrolled in a dance education program in the States upon my return. Obviously, those plans were abandoned.

I remember my college years as a sea of pain that I refused to allow drown my hopes for a professional altogether. I earned a B.A. and Master's in English, worked for more than 17 years an editor, finally winning a challenging editorial position in the performing arts in 1985.

All that time I had sustained full-time work, but by 1989 I required a total hip replacement. The surgery was initially successful, but within a few months, I could not get through a normal workday without requiring prescription pain killers too potent for daily use.

Going onto disability, that is, social security disability insurance, as I did in 1990 was a blow. I had been treated for depression for nearly as long as for the arthritis, but nothing prepared me for the loss of my livelihood. Work had always been a tonic for joint pain because my concentration had a different focus.

Since the conventional work setting was no longer a possibility for me, I approached my DRS counselor with an alternative. Could she support modest professional training in the arts? She refused to even consider the request, labeling it too frivolous.

Perhaps she would be surprised to know that because of Career Choice, I now have shoes that enable me to sustain part-time employment as a professional actress. In addition, Career Choice's support has allowed me to work one on one with a mentor to complete work on a collection of short stories and to find an agent for my work.

Since the program, I have fiction and poetry published for the first time and a full-length play produced. through contacts and skills I developed in the program, I am retaining part-time employment as I move toward my longer term goal of being a writing consultant to children. It is work that is the easiest on my joints and for which I have a gift.

I dislike the word "empowerment" because it is over-used and sends up red flags in the minds of some listeners, but there is no other word for the effect that Career Choice has had on me and my fellow participants.

Thank you very much.

[The prepared statement of Mr. Hall and Ms. Granger follows:]

Testimony - March 29, 1995
before Committee on Economic
and Educational Opportunity,
U.S. House of Representatives

Opening Statement by Harry Hall

Mr. Chairman and Members of the Committee,

I am Harry Hall from Jacksonville, Florida. With me is Lenny Granger from Falls Church, Virginia.

I am the President of a small, 12 year old not-for-profit company called The Development Team, Inc. And, I am the Project Director of one of the seven Choice Demonstration Projects funded last year by RSA under the choice provisions added in Title VIII of the Rehabilitation Act in October 1992.

We have provided some written testimony, and I have brought two sets of Leadership and Participant Manuals which explain in complete detail how our project works; I will leave one set for you, Mr. Chairman, and one for the ranking minority member. I hope that during the questioning by Members there will be opportunities to explain how we have designed our project to greatly expand choice by persons with disabilities.

At this time, I introduce to you Lenny Granger. Lenny came to the Career Choice site in Northern Virginia in May 1994 and joined a group program of persons with disabilities. She will make the opening statement.

Opening Statement by Lenny Granger

I am here to tell you firsthand about Career Choice, a program that offers a sane and creative alternative to conventional rehabilitive services. The Career Choice model assumes that disabled people such as myself are best qualified to determine which services will help them gain or sustain employment and that people with disabilities can help each other in this process.

I was one of 12 people with chronic disabilities who were privileged to test this model last summer. For many of us, the disabilities were not readily apparent; one used a wheelchair, one or two others a brace or crutch. Some had been disabled a year or two, one nearly a lifetime. I was among those who have spent all adulthood struggling with a debilitating disease for which there is now no cure.

I was 19, studying abroad, when I was diagnosed with rheumatoid arthritis. Doctors hoped it was the juvenile form of the disease, which I would have outgrown. But I have never had a day of remission since May 1974. I had studied ballet for 13 years and was enrolled to begin a dance education program in the States upon my return. Obviously, those plans were abandoned.

I remember my college years as a sea of pain that I refused to allow drown my hopes for a profession altogether. I earned a B.A. and master's in English, worked for more than 17 years as an editor, finally winning a challenging editorial position in the performing arts in 1985.

All that time I had sustained full-time work, but by 1989 I required a total hip replacement. The surgery was initially successful but within a few months, I could not get through a normal workday without requiring prescription pain killers too potent to use daily.

Going onto disability (i.e., Social Security Disability Insurance) as I did in 1990 was a blow. I had been treated for depression for nearly as long as for the arthritis, but nothing prepared me for the loss of my livelihood. Work had always been a tonic for joint pain, because my concentration had a different focus.

Since the conventional work setting was no longer a possibility for me, I approached my DRS counselor with an alternative. Could she support modest professional training in the arts? She refused to even consider the request, labeling it too frivolous.

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I dislike the word empowerment because it is over-used and sends up red flags in the minds of some listeners. But there is no other word for the effect that Career Choice has had on me and my fellow participants.

Written Testimony
Summary: Career Choice National Demonstration

Career Choice is the popular name for a program which is being conducted in the San Francisco Bay area in California, in Northern Virginia and the District, and in Jacksonville, Florida.

Career Choice is one of seven national demonstration projects designed to enhance consumer control in the pursuit of selected career goals and in obtaining chosen services and products necessary to meet their goals. The Development Team, Inc. is collaborating with the Center for Independent Living in Berkeley California; Center for Independent Living in the District of Columbia; the Fairfax County Disability Services Board, and several other sponsoring organizations in Northern Virginia; and the Center for Independent Living in Jacksonville, Florida to provide this unique employment services program that fits the Independent Living philosophy. The program model includes a twelve week group training program where peers support one another in a self-help process assisted by volunteers from the business community.

The program emphasizes that individuals with disabilities are usually the best persons to make decisions about their own careers. Programs are focusing sequentially on 1) physical-mobility related disabilities, 2) chronic, unpredictable disabilities, 3) learning disabilities, 4) deafness, 5) HIV/AIDS and 6) mental/emotional disabilities. Each group will involve 10-12 persons with similar disabilities.

The question of whether persons with disabilities who want to make their own choices are able to do so and thereby achieve positive results through their own empowerment is already answered in the affirmative although the work of fully documenting this will go on for a while. The really hard work is creating and refining the techniques and program components so as to enhance choice.

When we talk about choice we mean:

1. choice of whether to participate in the basic Choice program;
2. choice of employment objectives;
3. choice of services or products needed to overcome barriers to employment;
4. choice of providers or suppliers of needed products or services;
5. choice of how best to persue career aspirations.

Taking control, using self-assessment, self-management, self-advocacy to the maximum degree feasible is the empowering framework.

The initial choice technique is to directly reach very substantial numbers of persons with disabilities with a brochure describing the program and invite them to seek more information if they desire by mailing in a postcard from the brochure with their name and telephone number on it. For each group training program we reach between 1,200 and 2,200 persons with disabilities. First, a telephone discussion is initiated with the 45-60 persons who respond, on a first-come, first-served basis. Those who believe the program may be helpful (averaging 18-23 persons) receive written information, a self-assessment inventory and an invitation to a face-to-face meeting. The interview's basic purpose is to help persons determine whether the program is likely to be beneficial to them. While it is envisioned that we will eventually encounter some circumstance in which a person wants to be invited, but the interviewers believe they should not be, we have not yet faced this in the Career Choice program. We take chances because to try to achieve higher levels of certainty is not practical or cost effective, and because with many circumstances of disability uncertainty is a reality.

The group training program is provided in 12 weekly 3 hour sessions. It sequentially focuses on personal skills and attitudes, selection of an employment objective, selection of services and products needed, job seeking skills and techniques for obtaining or retaining mainstream employ-

ment opportunities. The design involves a great deal of work at home, consultation with peers, guest presentations and interviews with persons from the business community, and techniques to increase skill and confidence.

A career club managed primarily by participants follows the group training. Each individual is matched with a business volunteer in the same field as their employment choice for the purpose of information interviews, networking help, resume review and practice interviews. Follow-up on a formal basis occurs at six month intervals for two years.

Individuals are expected to take primary responsibility for their job search/retention or career advancement actions.

Some from the world of rehabilitation have wondered whether this purposeful turning over of the responsibility for outcome to participants is viable. Our experience in Career Choice is that 90 + % of persons who begin go on to complete the entire program and of those who complete we expect more than 70% will achieve their employment goal within two years. It is running over 50% within six months of beginning the program and over 60% within one year. No two jobs are alike. Nearly all are well above entry level. Most are very good jobs. All jobs are in the mainstream - all are obtained by mainstream methods.

The program model is developed sufficiently so that doing the program "by the book" works every time. The need for adaptability for different persons' needs is built into the basic model.

The primary tasks to ensure successful replicability are to obtain local staff leadership who genuinely embrace an empowerment approach and continue to use the existing monitoring techniques.

One of the most dramatic aspects of the project is how decisions are made to provide to individual participants whatever additional services or products they determine with the consultation of their peers in the group are needed to achieve their goals. Through several sessions identified barriers are translated into service or product needs and extensive research/exploration occurs to determine which provider or product or supplier is best. By session ten Purchase Requests are on paper. In session eleven each participant presents their requests to the group and a formal peer review exercise occurs regarding each request. Thereafter the group becomes a budget making committee chaired by the non-voting project director. They have a total amount which they can commit of $15,600 for a group of twelve persons. Many outside the project doubted this process would be workable. In fact, this process has worked remarkably well for 9 groups to date. The most important items, usually most of the requests, have been fully funded. Some have negotiated partial payments with commitments from the individual for the rest. Some requests have been turned down. No one has complained. The satisfaction with this process as well as the whole program is almost unanimous.

Choice programming has great potential for both achieving results and being efficient. And, it is a wholly exhilerating climate in which to work.

This Demonstration Program is funded by the Department of Education, Rehabilitation Services Administration under the Client Choice provisions of October 1992, Title VIII of the Rehabilitation Act.

This Choice project provides the insight and model to replicate programs for use within Independent Living Centers and community-based organizations and we believe also with state vocational rehabilitation agencies in collaboration with community organizations.

Attached are a few documents which further explain the program and who we are.

"Customers know what is important to them...if they have access to all the relevant information"
Reinventing Government

Is it for you?

- If you lost your job because of disability and don't know where you'll fit in now;
- if you're working today but think you're losing ground;
- if your job is not the one you want;
- if you want to take control of your future;
- if you have special needs related to your career choice.

This may be your opportunity.

- If you ever held a job you liked, and were proud of the way you did it (or still do it);
- if you can make a commitment and really keep it;

Career Choice
may be for you.

What is it?

Getting and keeping a job is work. **Career Choice** is people doing that work together.

Career Choice is designed to assist you make some very important choices in your life.

Career Choice helps you ask yourself the right questions and deal with employment concerns effectively.

Career Choice improves the skills you'll need to sell your abilities and deal with your disabilities.

Career Choice helps you build confidence in yourself.

How does it work?

In **Career Choice** a small group of people meet once a week for 12 weeks. During the sessions, you develop effective ways to locate mainstream jobs, jobs that really do exist, and also receive valuable help in job search planning or on how to keep a job.

Group sessions include speakers and practice interviews. Additional program activities are completed outside group sessions. Resources are available to purchase services and products identified in the group that are needed for you to reach your employment goal.

Group training subjects include:

- Assertive communication
- Stress management
- Coping with symptoms
- Your legal rights
- Skills you may be overlooking
- SSI/SSDI work incentives
- Disclosure strategies
- Reasonable accommodations
- Writing effective resumes
- Interviewing skills
- The hidden job market
- Keeping a job
- Career advancement skills
- Choosing necessary products and services
- Researching quality options when purchasing services and products

Following the 12-week program, the group will meet periodically as a Career Club. At this point you will have the opportunity to meet with a business person who works in your field. This mentor will review your job search plan, provide career advice and bring you up-to-date on opportunities in your field.

Career Choice - it's not a placement service or an employment agency.

Career Choice is adapted from a very successful program with a 10 year track record. 2,800 people with multiple sclerosis and arthritis have used it since 1984 to find and keep jobs, good jobs they care about.

This program has been successful in many locations across the country. 72% of participants who completed the program successfully obtained and/or retained good jobs in the competitive work world.

This Career Choice program at CIL of Jacksonville is adapted to meet the needs of persons with chronic conditions such as: lupus, arthritis, MS, MD, diabetes, sickle cell anemia, heart disease, renal disease, organ transplants, cancer. Interviews will begin in late February and the 12 week group training will begin March 28.

Career Choice is a new special demonstration project supported by a grant from the U.S. Department of Education. PR Award No. H235D30034.

Career Choice Program
Center for Independent Living
of Jacksonville
5243 Beach Boulevard
Jacksonville, FL 32207

FREE MATTER
FOR THE
BLIND AND
HANDICAPPED

It's your career choice

Do you want to develop abilities:

- to get a good job in your field?
- to keep your job and negotiate accommodations?
- to move up the company ladder?

Where do you belong in the workforce? What services or products do you need to achieve your career choice?

No one can answer these questions better than you. Together with your peers you can make informed choices. You and your peers can help each other.

The Center for Independent Living in Jacksonville is conducting career programs for persons with disabilities. It's FREE. This program will involve 12 eligible persons with chronic conditions; interviews will occur in late February 1995.

Career Choice [illegible]

It starts with a stamp.

If you want to hear more about Career Choice, please return this postcard today.

This is a unique opportunity for the first 12 eligible applicants. The sooner you put this card in the mail, the better your chance of taking part in the next group.

Post Office will not deliver mail without postage

Ms. Marcia Randall
Outreach Coordinator, Career Choice Project
Center for Independent Living
of Jacksonville
5243 Beach Boulevard
Jacksonville, FL 32207

30

P.S. We'll call you when we get your postcard — to talk it over and possibly set up a time when we can meet. We look forward to hearing from you.

Yes, I'd like you to call me and let me know more about Career Choice.

Name _____

Phone _____

(Optional)
Address _____

City _____ **State** _____ **Zip** _____

3 1

HARRY L. HALL

14286-19 Beach Blvd., #344
Jacksonville, FL 32250

(904) 223-5748

RECENT EXPERIENCE

Pres. Sent, The Development Team, Inc., August 1983 to present

- Created a not for-profit corporation dedicated to the quality of life of persons with disabilities.
- Assembled collaborating organizations and prepared a national Project With Industry grant application. Functions as the Project Director. Created a national program called JOB RAISING in which more than 2600 persons with disabilities, 89% persons with MS, 71% of all who have completed the program have been verified with 2 consecutive months employment.
- Developed and conducted an SSA demonstration grant project for 100 SSDI beneficiaries with MS.
- Developed a grant program in collaboration with the Arthritis Foundation, building a national employment-related program.
- Developed and is Project Director of a grant program with three CILs to demonstrate increased client choice in the vocational rehabilitation process.

Washington Representative, National Multiple Sclerosis Society, 1977 - 1983

Assistant to the Commissioner, Rehabilitation Services Administration, Washington, D.C. 1975 - 1977

EDUCATION

1966-67 Urban Training Center and University of Chicago, Chicago, Illinois; Public Policy and Administration, Social Systems, Urban Planning and Community Organization: 1 year

1962-63 Lutheran Theological Seminary, Gettysburg, Pennsylvania; Master of Divinity; Theology, Philosophy, Management, Planning, Counseling: 3 years

1957-60 Wagner College, Staten Island, New York; Bachelor of Arts; Social and Political Philosophy, Mathematics, Economics

- Men's Honor Society and Dean's List
- Omicron Delta Kappa, National Honor and Leadership Society

1956-57 Union Junior College, Cranford, New Jersey

CIVIC ACTIVITIES

Publicly honored with the "Key to the City" by the Mayor of Kansas City, Missouri in 1975 "for more than seven years of leadership in public policy, community organization, social services and community development." Elected member Kansas City Board of Education.

Program Description for Participants: Career Choice
Six Month Group Training Program and Career Club

The Career Choice program is designed to assist persons with disabilities obtain or retain employment. Funded by the federal Department of Education, it is offered by the Center for Independent Living in collaboration with The Development Team, Inc. as an alternative to traditional vocational rehabilitation services and features consumer choice of job objectives, services needed, and service providers. The program is conducted by the CIL's trained Leadership Team, consisting of 3-5 persons, a majority of whom have disabilities.

The Career Choice program has 3 major segments:

Self-assessment

- Individuals respond to outreach by asking for more information. Interviewer initiates telephone discussion and provides Self-Assessment Inventory and other written material for potential participants who consider if the Career Choice program meets their needs at this time.
- Interviewers and potential participants discuss details of the program and self-assessment in a face-to-face interview. Individuals decide if they wish to be considered.
- Those likely to benefit from the Career Choice program are invited on a "first-come, first-served" basis.

Group Training (3 months)

- Participants (max. of 12) sign up and commit themselves to complete the 12 week training program and 3 month Career Club.
- Participants meet in weekly 3-hour group training sessions for 12 weeks. Sessions concentrate on identification of job objectives, needs, and service providers; job readiness concerns and job seeking skills. Participant manuals and supplementary materials are provided. The Leadership Team facilitates and coordinates training. Business volunteers meet with group.
- Guest presenters, group discussions, at home assignments and peer dialogue are all program methods. Participants learn to identify service providers, prioritize needs, and manage the process of obtaining needed services. Participants develop techniques to manage disabilities on the job, to find a job, and to keep a job.

Job Search-Career Club (3 months)

- Participants support each other through career club.
- They receive services and report back on service provision.
- They apply networking techniques acquired through training.
- Activities are directed toward identifying employment opportunities and obtaining interviews.
- Participants meet with mentors from the business community to review job search plans, receive support and assistance in networking and interviewing.

Empowerment and Group Process

The core of an empowerment program model related to employment is DEVELOPING AND STRENGTHENING THE ARRAY OF SKILLS AND CAPACITIES THAT ENABLE INDIVIDUALS TO COMPETE EFFECTIVELY FOR JOBS THEY WANT TO DO AND ARE ABLE TO PERFORM, and to deal with disability-related aspects so that disability does not become a disadvantage. Self-assessment, self-management, and self- advocacy are essential to the model and the group process is a central means.

- Self-assessment: There is usually no one who can better assess how all of the factors impacting employment interrelate, than the Career Choice participant. Thus, the participant should be the primary decider of whether an employment services program or a job is suitable for him/her. Career Choice addresses this need for self-assessment by providing a process that includes participant choice:
  - in the election to participate in the career program, in response to extensive direct outreach;
  - in the individualized selection of employment goals and objectives;
  - in the self-identification and peer review of related individual needs and services to address those needs;
  - in the development of sufficient information for participants to make informed choices;
  - in peer assistance in choosing services and service providers; and
  - in a career club to reinforce the self-management of career choices.
- Self-Management of Disability Impacts: Self-management with respect to disability is more important and more extensive than is generally recognized. It includes management of schedule time, of fluctuations of the impact of the disease, of fatigue, of stress, of symptomatic treatment, of independent living support systems. Self- management can be developed to a more competent level in almost all individuals and effective self-management in obtaining and retaining employment is crucial.
- Self-Management of the Job Search is Encouraged and Supported: Empowerment includes participation to the maximum degree possible in the normal, mainstream systems of obtaining and retaining employment. This process includes using all the traditional job "placement" techniques (except supported employment which is seldom appropriate for this population) but using them to support the participant as the primary manager of his/her own job search. This is very important for those people with disabilities who have employment skills and/or educational qualifications. The types and levels of job potential for most persons with disabilities are very broad - perhaps 90% of what they were prior to disability. In that context, participants do not seek special favors, but rather fairness in an interview process in which they will obtain jobs they seek and are able to perform.

- Self-Management of Disclosure: An empowerment model, unlike other employment service's models, permits the participants to retain options regarding the crucial issue of disclosure. Decisions about whether, when, how, and how much to disclose about the disability and current or previous functional manifestations, especially the many hidden aspects, are decisions which can best be made in an individual situation by the job seeker/job retainer. The program fosters the broad understanding of disclosure options and strategies, along with extensive practice in a group setting, and these have proven a valuable asset to enhancing empowerment. Because of the changing nature of many disabilities, disclosure is often not a single-point problem but a series of additional disclosures at appropriate times.

- Self-Advocacy: It is consistant with an empowerment model that the job seeker/job retainer develop both the capacity to intervene with employers on behalf of him/herself and the capacity to manage the accommodations process. The intervention of program leadership persons should be at the request of the participant; this is in marked contrast to many other models where staff intervene at the request of employers, often without consulting with the employee. Self-advocacy and understanding of rights is a very important aspect in preventing the violations of state and federal laws regarding employment discrimination, rather than taking legal actions after such events occur.

It is crucial to note that the group process is the "means" to enhance self-empowerment. The most significant value of the group process for the participant is that it nourishes self-empowerment. The interrelationships involved in participating in the group undergird and enhance motivation, discipline, and follow through, promote the acceptance of responsibility and provide for the testing and re-testing of reality enhanced by the expertise of peers. The group process requires and generates a commitment to each other's success. It generates an acceptance of the fact that people have to participate in allowing others to practice in order that they will experience the same. It involves acceptance of the fact that some parts of the program may be less important for themselves than for others but that their participation in the entire process may still reinforce those less needed aspects while benefiting someone else in the group.

Finally, Empowerment Means Being Able To Do It Again and Again. Persons with disabilities, need to believe that they can undertake another job search and obtain new employment, whether they actually have to do it or not. Developing all the techniques and skills to maximize that belief, including job seeking skills, enables individuals to feel that they have something to contribute to an employer and that they can contribute in another setting if an employer is unreasonable. It enables them to repeatedly reconsider employment options (as most people do, especially people with changing functional realities).

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Chairman McKEON. Thank you.
Mr. Young.

STATEMENT OF TONY YOUNG, DIRECTOR, RESIDENTIAL SERVICES AND COMMUNITY SUPPORTS, AMERICAN REHABILITATION ASSOCIATION

Mr. YOUNG. Good morning, Mr. Chairman. I am Tony Young, Director of Residential Services and Community Supports with the American Rehabilitation Association. I am here today on behalf of the Consortium for Citizens with Disabilities Employment and Training Task Force.

CCD is a coalition of over 120 consumer, advocacy, service provider, and professional organizations that advocate on behalf of individuals with disabilities and their families.

I have submitted written testimony for the record. I will summarize my remarks this morning.

CCD suggests a two-pronged strategy to address the needs of individuals with disabilities in consolidation legislation. First, mandate the preservation of separate funding source to provide services for individuals with severe disabilities, especially those that fall outside of those services readily available in consolidated programs.

Second, require consolidated programs to practice principles that will create employment opportunities for individuals with disabilities. The principles include access to job training for all persons with disability, presumption of employability, due process to safeguard their rights, informed choice, individualized services and supports, a qualified staff in coordination with individual rights. These principles are further discussed in our written testimony.

In drafting legislation consolidating Federal employment and training programs, CCD strongly urges the committee to view programs funded through the Rehabilitation Act, especially the Title I State Grant Program, as a distinct component in the system. We offer three compelling reasons for this position.

First, individuals with disabilities may need specialized services prior to taking advantage of training or accepting employment.

Second, in order to meaningfully participate in training opportunities and be considered for employment, an individual with a disability may need accommodation, for example, the redesign of testing procedures or the restructuring of job functions.

Third, if nonspecialized staff in consolidated programs are linked to rehabilitation professionals who can answer questions, there will be many opportunities for these staff to serve individuals with disabilities directly.

Allow me to use a personal example to illustrate the issues. I became a C–4 quadriplegic in 1970 when I was 18 years old and had just graduated from high school. My work experience included mowing lawns, raking leaves, washing cars, and three summers as a lifeguard, not exactly what you would call high skill, high wage jobs in order to build a career on, especially with a disability as severe as mine.

After medical rehabilitation, I was evaluated by the Virginia Department of Rehabilitative Services in 1971 and determined to have no work potential. In 1975, I was again evaluated for work potential. In the few years between 1971 and 1975, the expecta-

tions of the potential of severely disabled persons changed substantially due to the emergence of the Independent Living Movement, and I was determined to have work potential under these new expectations.

I completed my degree in business administration and went to work at the Department of Agriculture as a budget analyst. Since then I have worked as the Executive Director of a Center for Independent Living, a consultant in public policy for persons with disabilities, and in my current position with American Rehabilitation Association.

I have had a successful career over the last 15 years. I have paid Federal, State, and local taxes, invested in my future through savings, and contributed significantly to the conspicuous consumption of consumer goods. I enjoy not only a satisfying work life, but also a full, rich social life.

None of this would have been possible without a significant investment in my potential. I had the opportunity to train and not just any job, but for the right job for my abilities, skills, talents, and interests. I could have been trained as a receptionist or other low skill, low paying position, but I would not have been able to earn enough money to purchase the assistive technology and personal assistance that I require in order to work. Instead of paying taxes and purchasing consumer goods as I do now, I would still be on SSDI and SSI, as well as Medicare and Medicaid. The investment made in me by vocational rehabilitation has been paid back many times over the last 15 years.

In summary, the CCD Employment and Training Task Force fears that individuals with disabilities will be lost in a generic service delivery system unless the two-pronged approach outlined in our testimony is adopted.

With 69 percent of working age persons with disabilities unemployed, we feel strongly that Congress would be remiss in supporting the creation of any system that allows the reduction of funds targeted for training and employment assistance for individuals with disabilities.

Even with the current level of funding, vocational rehabilitation programs can only serve a small percentage of the persons needing services. Individuals with disabilities welcome the new opportunity that job training consolidation offers: easier access to training, job market data, and employment prospects. That is good news for everyone, youth looking for their first job, parents returning to work, people looking for a career change, individuals affected by downsizing, and especially two groups of people with disabilities: people with emerging disabilities who need to maintain their employment and people with lifelong disabilities who have always wanted to be employed.

I must emphasize one point before I close. Employment among working age persons with disabilities is due to a combination of factors, including lack of health coverage, lack of long-term supports for severely disabled persons, a continuing misconception that people with disabilities cannot work, the failure of our educational system to adequately prepare young persons with disabilities for a lifetime of work, and the difficulties of transitioning from depend-

ence on disability related cash assistance and in-kind support programs to financial independence and self-reliance.

Americans with disabilities are citizens who expect to fully participate in society with all of the opportunities and privileges and responsibilities of every other citizen. You can take a giant step toward making this possible through effective job training consolidation legislation.

Thank you for this opportunity to testify. I will be happy to answer any questions you might have.

[The prepared statement of Mr. Young follows:]

STATEMENT

of the

COALITION FOR CITIZENS WITH DISABILITIES
EMPLOYMENT AND TRAINING TASK FORCE

on

CONSOLIDATION OF EXISTING
JOB TRAINING PROGRAMS

presented by

TONY YOUNG

DIRECTOR, RESIDENTIAL SERVICES
AND COMMUNITY SUPPORTS

AMERICAN REHABILITATION ASSOCIATION

before the

Subcommittee on Postsecondary
Education, Training, and Lifelong
Learning of the Economic and
Educational Opportunities Committee

of the

United States House of Representatives

Washington, D.C.

March 29, 1995

Thank you Mr. Chairman and distinguished Members of this Committee for this opportunity to testify on planned House efforts to consolidate Federal training and employment programs.

My name is Tony Young. I am the Director of Residential Services and Community Supports at the American Rehabilitation Association. I am here today speaking on behalf of the Consortium for Citizens with Disabilities (CCD) Employment and Training Task Force. CCD is a coalition of over 120 consumer, advocacy, service provider, and professional organizations that advocates on behalf of individuals with disabilities and their families. I will now summarize my testimony.

We the undersigned members of CCD would like to compliment your Committee on current efforts to facilitate greater integration and coordination among federally funded employment training programs. CCD agrees that a comprehensive overhaul is overdue. We support your goals and objectives which are guiding these efforts. Many of these goals and objectives guided the reauthorization of the Rehabilitation Act in 1992. We know that your Committee is interested in achieving a more cost-effective approach to the provision of employment training services and that this interest extends to individuals with disabilities. We seek to work with you and Committee Members to ensure that identified strategies and approaches will achieve those ends and not have unintended consequences for people with disabilities, especially people with severe disabilities.

The preservation of a distinct rehabilitation program to provide access to specialized expertise and services must be maintained. A distinct rehabilitation fund to facilitate training and employment opportunities for individuals with disabilities must be maintained. The consolidation of various training and employment programs and concentration of resources are viewed as means to make them more effective, efficient, and responsive to unemployed and underemployed individuals. CCD supports a distinct program for persons with disabilities. Further, CCD recommends that the funds appropriated for Title I of the Rehabilitation Act be retained in Title I and that a section in the new job consolidation or block grant bill be drafted to create the link between the generic job training program and the specialized job training program targeted for people with disabilities.

Community-Based Rehabilitation Programs, Projects With Industries, Supported Employment, and State rehabilitation agencies represent the most well-known and used conduits to expertise and services that have helped individuals with disabilities become eligible for, find, and maintain employment. Maintaining the integrity of these agencies and programs in a reform effort does not preclude them from being a partner, resource, or player in one-stop employment assistance centers or other approaches to consolidation; nor does it prevent targeted rehabilitation dollars from being used in new innovative ways. For example, state rehabilitation agencies in six states, which are continuing to function as distinct administrative entities, are currently successfully participating in one-stop training and employment assistance centers. The six states are: Wisconsin, Minnesota, Michigan, Kentucky, New York, and New Jersey.

Allow me to use a personal example to illustrate the issues that are critical to this discussion. I became a C-4 quadriplegic in 1970 as a result of a body surfing accident. I was 18 years old, and just graduated from high school. My work skills and experience included mowing lawns, raking leaves, washing cars and dishes, and three summers as a life guard, swimming instructor, and swim

team coach. Not exactly what you would call high skill, high wage jobs, especially with a disability as severe as mine. After medical rehabilitation, I was evaluated by the Virginia Department of Rehabilitative Services in 1971, determined to have no work potential, and sent home to live with my parents.

In 1975, I was again connected with the Virginia Department of Rehabilitative Services and evaluated for work potential. In the few years between 1971 and 1975, the expectations of the potential of severely disabled persons changed substantially, mainly due to the emergence of the Independent Living Movement, and I was determined to have work potential under these new expectations. I wanted to earn a college degree, and agreed to a program of study to become a computer programmer. After one year of study, during which I demonstrated a complete and utter lack of talent or aptitude for programming computers, I realized that I could be successful not by accomplishing tasks directly, but by managing human and other resources to accomplish tasks, and changed my major to business administration. I completed my degree program and went to work at the Department of Agriculture as a budget analyst. Since then I have worked as the executive director of a center for independent living, a consultant in public policy for persons with disabilities, and in my current position with the American Rehabilitation Association.

I have had a successful career over the last 15 years, working in jobs that I enjoyed doing and that I felt were accomplishing something worthwhile. I have paid Federal, State and local taxes, invested in my future through savings and retirement, and contributed significantly to the conspicuous consumption of consumer goods, especially medical equipment and services. As opportunities arose and as technology, especially personal computers and wheelchairs, became more sophisticated, I was able to assume more responsibility, therefore acquiring more rewards for my labors. I enjoy not only a satisfying work life but also a full, rich social life including activities with friends and time contributed as a volunteer to community activities.

None of this would have been possible without a significant investment by the Virginia Department of Rehabilitative Services in my potential as a human being. I had the opportunity to train for not just any job, or the first job available, but for the right job for my abilities, skills, talents, and interests. I could have been trained to be a receptionist or another low skill, low pay position, but I would have not been able to earn enough money through wages to purchase the medical equipment and services, assistive technology and personal assistance that I require in order to work. Instead of paying taxes and purchasing consumer goods as I do now, I would still be on SSDI and SSI as well as Medicare and Medicaid. The investment made in me through vocational rehabilitation has been paid back many times over in the last 15 years.

For two years, CCD worked closely with Congress during the reauthorization of the Rehabilitation Act in 1992 to improve the service delivery system funded under Title I of the Rehabilitation Act. The themes of these efforts were integration, coordination, increased consumer choice, and increased accountability. The Rehabilitation Act Amendments of 1992 contained many important protections which constituted substantial improvements to the State Vocational Rehabilitation Program which will help to assure that individuals with disabilities have access to needed services and can exercise informed choice in regard to vocational goals, services, and the providers of those services. The

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1992 amendments increased emphasis on employment outcomes rather then on the provision of services. The amendments also contained provisions related to students transitioning from school to work, outreaching to minorities and other unserved and underserved populations, providing assistive technology, and providing personal assistance services. Similar protections must be written into any consolidated job training program.

The 1992 amendments to the Rehabilitation Act created a State Rehabilitation Advisory Council to facilitate consumer, employer and public input into the development of state policy and to increase programmatic accountability. The 1992 amendments also emphasized coordination among the programs and services necessary to secure meaningful employment for persons with disabilities. Part C of Title I, Innovation and Expansion Grants, stressed the need to conduct a strategic planning process on an annual basis to identify gaps and duplication in services, to fund demonstrations of cutting edge approaches to the delivery of vocational rehabilitation services, and to fund model approaches to coordination. As the Committee looks at various approaches to consolidate federally funded employment programs, the language in Part C of Title I of the Rehabilitation Act should be examined for possible inclusion in consolidation legislation. We encourage you to continue to build on what was achieved during the 1992 reauthorization process.

We are concerned that in the rush to simplify access to employment and training programs, people with disabilities would inadvertently slip through the cracks of such a system. Here are our concerns:

- Programs such as vocational rehabilitation, which are currently under-funded do not serve everyone who is eligible. Some of these programs have been accused of "creaming," i.e., serving people who are easiest and least costly to serve, often to the exclusion of individuals with more severe disabilities. In a generic program, people with disabilities would not even be "in the bottle" since they would be competing with able-bodied individuals for scarce resources.

- The specific employment and training needs of people with disabilities are not specifically addressed under any other federally assisted program. A body of expertise has been built up over the 75 years of the existence of the vocational rehabilitation program, which could be overlooked or under-used in a consolidated generic program.

- For people with severe disabilities, such as developmental disabilities, to secure and maintain employment, an array of services and supports are needed. In the 1986 amendments to the Rehabilitation Act, a Supported Employment authority was created especially to address this need. Experience with the supported employment program has shown that once people with severe disabilities have appropriate supports in the workplace, they are often model employees, have less turnover, and have fewer absences than regular employees. Because this is a small program serving a relatively small number of people, it is easy to see how this group of people could be overwhelmed or forgotten in a large, generic program.

- People with disabilities are the most unemployed and underemployed group of Americans, upward to 69 percent of working-age individuals with disabilities are not employed and desire

to be employed (per recent Harris poll). What little progress has been made has been quite recent; this progress has largely been made by people with less severe disabilities as a result of the Americans with Disabilities Act. The ADA has not yet begun to benefit people with very severe disabilities in the area of employment.

- Finally, current employment training programs for the general population have traditionally discriminated against individuals with disabilities in the provision of services. While people with disabilities want access to generic services, they do not want inferior services. A consolidation of all employment and training programs could guarantee to people with disabilities access to the same mediocre services that are available to everyone else. This, for us, is not progress toward integration of people with disabilities.

CCD suggests a two-pronged strategy for addressing the needs of individuals with disabilities in consolidation legislation. First, mandate the preservation of separate funding to provide expertise with regard to the service needs of individuals with disabilities, especially those services that are not readily available in or through consolidation programs. Second, require consolidated programs to adopt and practice specific principles that will create and expand training and employment opportunities for individuals with disabilities.

In drafting legislation to consolidate Federal employment and training programs, CCD strongly urges the Committee to view programs funded through the Rehabilitation Act, especially the Title I State Grant Program, as distinct components in any consolidation of Federal employment and training programs. We offer three compelling reasons for this position.

First, individuals with disabilities may need specialized services prior to taking advantage of training or accepting employment. For example, an individual who is blind needs training in how to travel independently and use braille or appropriate reading aids in order to access a training program. Such assistance may not be available in a generic employment assistance program. Even if such assistance could be arranged, it is often time consuming to identify and secure needed services, especially when such assistance is sought outside of a centralized resource system such as the system created within Title I of the Rehabilitation Act.

Second, to actually participate in training opportunities or be considered for employment, an individual with a disability may need accommodation, e.g., the redesign of how testing is done or the restructuring of job functions. The services associated with consolidated training and employment legislation do not anticipate or address such accommodation. (For example, rehabilitation professionals would be able to suggest how to modify work schedules for individuals with chronic mental illness so that they can function as fully productive members of the work force.)

Here too, Community Rehabilitation Programs, Projects with Industry, and district offices of state rehabilitation agencies, can provide specialized assessment services to individuals with disabilities and determine exactly what types of services and/or accommodations would be necessary for such individuals to be competitively employed in specific jobs and environments. If the funds available to a state to provide these specialized services were absorbed within generic funding for training and

employment services, individuals with disabilities would be competing with individuals who are less costly to serve and who are more likely to secure an employment outcome quickly. Moreover, pooling of vocational rehabilitation dollars with other funds may function as an incentive for "creaming."

Third, if unspecialized staff in consolidated programs are linked to rehabilitation professionals who can answer basic questions simply and quickly, there will many opportunities for these staff to serve individuals with disabilities directly and in a timely manner. To do so, however, they will need access to experienced, trained rehabilitation professionals. (For example, rehabilitation professionals would know where to acquire adapted telephone and computer equipment that would permit individuals who are hard of hearing or deaf to be fully productive members of the work force.)

With regard to other aspects of consolidation, we offer these observations. We see the current effort to consolidate federally funded employment programs as a very positive one. We understand your frustration with dozens of different federally-funded employment training programs which have different eligibility requirements, target populations, and limited success. We appreciate your concern about limited data from which to determine whether these programs are working effectively. We know from actual experience that opportunities have been denied to or limited for many individuals with disabilities in JTPA and vocational education programs.

We consider your reform effort as an opportunity to create and foster new and expanded training and employment oppotunities for individuals with disabilities. In the design of new consolidated programs, we urge the Committee to direct states to demonstrate within the general operation of their programs that the following principles are clearly evident with regard to persons with disabilities.

Accessibility of Job Training Programs: CCD recommends that the bill require an assurance that all vocational education, job training and employment services will be completely accessible to individuals with physical, mental, sensory, and cognitive disabilities (e.g., physically accessible facilities, access to interpreters, all information and materials being available in alternative formats).

Presumption of Benefit: CCD recommends that the bill clearly state the fact that individuals with disabilities, including individuals with the most severe disabilities, are presumed to be capable of engaging in gainful employment and that the provision of individualized vocational rehabilitation services and supports can improve their ability to become gainfully employed.

Dedicated Funding: CCD recommends that the bill provide for dedicated funding for persons with disabilities. This shall ensure access to specialized services and supports when needed to facilitate such individuals' full participation in job training services and equal access to employment opportunities. CCD supports a distinct program for persons with disabilities. Further, CCD recommends that the funds appropriated for Title I of the Rehabilitation Act be retained in Title I and that a section in the new job consolidation or block grant bill be drafted to create the link

between the generic job training program and the specialized job training program targeted for people with disabilities.

Nondiscrimination: CCD recommends that the bill mandate that both generic funds and dedicated funds be used to provide services to eligible individuals regardless of type of disability.

Outreach: CCD recommends that the bill require an assurance that appropriate outreach mechanisms will be utilized to inform persons with disabilities about the availability of job training services available through generic one-stop centers as well as any specialized, disability job training program. This assurance must include a commitment to using appropriate technology (e.g., TDD) to facilitate the access to and participation of individuals with disabilities (e.g., allowing people to make initial application by phone, FAX or electronic network; having multiple entry points for the system).

Identifiable Administrative Entity: CCD recommends that each state be required to retain an "identifiable administrative entity" which will be responsible for the administration and oversight of funds dedicated for individuals with disabilities. Each state should also be required to assure that there is someone working within State government whose primary concern is job training services for individuals with disabilities.

Collaboration and Cooperation Among Service Providers: CCD also recommends that the bill contain specific provisions requiring collaboration and cooperation among the various agencies and organization providing employment services in the state.

Informed Choice: CCD recommends that the bill provide for the facilitation of informed choice for individuals with disabilities in decisions regarding:

- assessment methodology to identify and explore vocational options;
- selection of vocational goals and objectives;
- identification and selection of appropriate services and supports to accomplish vocational goals and objectives;
- identification and selection of service providers; and
- involvement of family members and authorized representatives as appropriate.

Individualized Services and Supports: CCD strongly recommends that the bill provide for individualized services and supports to ensure that individuals with disabilities have equal access to generic and specialized services and employment assistance. Such services and supports must include, but are not be limited to:

Accommodations: Appropriate accommodations will have to be available for individuals with physical, mental, sensory, and cognitive disabilities. Such accommodations must include, but not be limited to, access to information, materials, etc. in alternate formats (e.g., braille, large print, audio tape, and on disk) and access to sign language interpreters.

Assistive Technology/Rehabilitation Engineering: In assessing the abilities and skills of individuals with disabilities, provisions must be made to provide a broad range of assistive technology devices and services as appropriate to accommodate functional limitations of such individuals. Such provisions are necessary because some people with disabilities will need assistive technology during all phases of service provision, including vocational assessments. In some cases, an assessment at an actual work site will be necessary to determine what accommodations are needed.

Personal Assistance Services: Provisions must be included to ensure that individuals who need personal assistance services will receive such services to ensure their meaningful participation in job training services and equal access to employment opportunities.

Post-Employment Services: Follow-up and post-employment services must be available to properly serve persons with disabilities and to promote long-term job retention.

Access to Appropriate Degrees of Individualized Assistance: There are a number of options for providing individualized assistance for persons with disabilities which would address the basic principles that CCD has enumerated in testimony. Among these, CCD's first choice would be a mandate that individuals with disabilities have access to the same type and amount of services that a one-stop center offers to other individuals. If the individual with a disability requests and needs additional or different services to achieve an employment goal, specialized services, and their costs, will be in addition to the maximum amount that can be utilized by the individual under the generic system. The bill should further require that access to additional or different services include the availability of individuals and entities with expertise and certification or accreditation in vocational rehabilitation. The bill should specify that individuals with a disabilities who request an individualized employment assistance plan to achieve an identified employment outcome must actively participate in the development of such plan. (It is assumed that such an opportunity would be requested most frequently when an individual requests and needs additional or different services connected to long-term planning.)

Qualified Staff: CCD recommends that states assure that qualified staff who are sensitive and trained to identify the needs of individuals with a wide range of disabilities are available to secure appropriate assessment, training, and employment services.

- Disability Awareness: CCD believes that staff in generic one-stop job services centers must have basic disability awareness training on the various service and supports often needed to place individuals with disabilities, especially individuals with severe disabilities, in competitive employment.

- Knowledge of State Resources: CCD believes that staff in generic one-stop job services centers must have access to up-to-date information on the agencies and organizations within the state which provide services and supports for individuals with disabilities.

Rights Protections: Since individuals with disabilities are often more vulnerable to rights violations, CCD believes that some mechanism to protect the rights of individuals with disabilities seeking job training services must have to be available to ensure equal access to both generic and specialized services and supports. The legislation should reference the protections afforded under Title I of the Rehabilitation Act and ensure that those protections are afforded to any individual with a disability seeking services through the generic or specialized job training system.

System Accountability: CCD recommends that responsibility should be shared and delineated within the generic job training program and any disability-related job training program. Such areas of responsibility should include, but are not limited to:

- data collection and reporting
- information on job accommodations
- placement services
- initial assessment of service needs
- job development activities
- services coordination

Transitioning Students: CCD recommends that the bill require assurance that the needs of students transitioning from Special Education to job training and employment will be considered and accommodated and that existing linkages between Special Education and transition services be maintained.

Transition: Current Rehabilitation Act programs and regulations would be retained until a state (or states) submit acceptable plans to transition to whatever new program is adopted by Congress.

Program and Provider Standards, and Performance Indicators: An identifiable set of standards and indicators must be developed to ensure that federal monies targeted for job training and employment services are actually used to assist those individuals in overcoming barriers to employment. CCD proposes the following program and provider standards and performance indicators for federal job training programs:

Outcome Standards and Indicators for Federal Job Training Programs

Program Standards

Standard 1: The primary objective of federally funded job training programs shall be to assist individuals, including persons with disabilities, in overcoming barriers to employment. The activities carried out by these programs shall support the accomplishment of this objective.

Standard 2: Federally funded job training programs shall, based on each individual's training needs, serve individuals with barriers that impair their capacity to obtain and retain competitive employment.

Standard 3. Federal funds shall be used to achieve the programs' primary objective in the most cost effective manner possible.

Standard 4. States and localities must afford the private sector meaningful opportunities to provide policy guidance and assistance in the administration and implementation of the program.

Standard 5. Working relationships, including partnerships, shall be established with agencies and organizations to expand the programs' capacity to meet their objectives.

Provider Standards

Organizations eligible to provide services funded by federal job training funds must either:

- Be certified by an appropriate state agency;
- Meet recognized and appropriate accreditation standards; or
- Have met established federal standards and indicators for providing job training or placement services.

Indicators of Successful Compliance with Standards

The performance indicators implement program standards by establishing minimum levels and ranges in essential program areas to measure the effectiveness of individual state programs. Each compliance indicator will also establish performance ranges. Compliance indicators will be established in at least the following categories:

- Percent of closures with employment outcomes compared to numbers served (different performance levels may need to be developed for distinct groups such as persons with disabilities).
- Increase in an individual's income resulting from program services (different performance levels may be developed for distinct groups such as persons with disabilities). Other factors could include the level of fringe benefits and amount of time worked (to account for part-time and seasonal employment).
- Retention of employment status.
- Reduction in reliance on public support including state and federal programs.

In summary, the CCD Employment and Training Task Force fears that individuals with disabilities will be lost within a generic service delivery system unless the two-pronged approach outlined in our testimony is adopted. With the unemployment rate for individuals with disabilities who are of working age being 69 percent (according to a recent Harris Poll), the CCD Employment and Training Task Force feels strongly that Congress would be remiss in supporting the creation of any system that allows the reduction of federal and/or state funds targeted for training and employment assistance for individuals with disabilities. Even with the current level of funding, the State Vocational Rehabilitation Program can only serve one twentieth of the people who would be eligible

for such services. Increased funding targeted for individuals with disabilities is what is needed, not decreased funding.

It has long been recognized that having a job -- a job that allows an individual to make maximum use of his or her skills and talents -- contributes to how the person and society define the individual's worth. Individuals with disabilities welcome and are excited about the new opportunities that the House efforts represent -- easier and simpler access to training, job market data, and employment prospects. That's good news for everyone -- youth looking for their first job, parents returning to work, people looking for a career change, individuals affected by downsizing, and people looking for advancement, and especially two groups of people with disabilities, people with emerging disabilities who wish to maintain their employment, and people with lifelong disabilities who have never been employed. During deliberations, please remember that individuals with disabilities are represented in each of these categories.

CCD is very interested in the current effort to consolidate federally funded employment programs and would be more than willing to provide consultant advice concerning issues surrounding the employment of persons with disabilities. If you have any questions, need any additional information, or wish to schedule a meeting with representatives from the CCD Employment and Training Task Force, please feel free to contact the following Co-chairs: Sallie Rhodes (202-408-9514), Jack Duncan (202-333-5841), or Charles Hanles (202-543-6353).

I respectfully request that my entire statement be entered into the hearing record.

Thank you.

Signed:

American Association of University Affiliated Programs
American Horticulture Therapy Association
American Network of Community Options and Resources
American Rehabilitation Association
Epilpsey Foundation of America
Goodwill Industries International
Hellen Keller National Center
International Association of Business Industry, and Rehabilitation
Learning Disabilities Association
National Association of Protection and Advocacy Systems
National Center for Learning Disabilities
National Easter Seals Society

Chairman MCKEON. Thank you very much.
Mr. Serraglio.

STATEMENT OF SAM SERRAGLIO, COMMISSIONER, KENTUCKY DEPARTMENT OF VOCATIONAL REHABILITATION

Mr. SERRAGLIO. Thank you, Mr. Chairman.

Mr. Chairman, Members of the committee, I am Sam Serraglio, Commissioner of the Department of Vocational Rehabilitation in the Kentucky Workforce Development Cabinet. I am here today representing the State of Kentucky.

I am happy to be here this morning to discuss Kentucky's successes with one-stop centers under the current Rehabilitation Act authorities.

I am also here to discuss a deep concern we have about block granting the vocational rehabilitation program and our recommendations relating to collaborative efforts for causing and increasing positive employment outcomes for persons with disabilities.

The State-Federal Vocational Rehabilitation Program is an equal partner in the Workforce Development Cabinet in Kentucky. This equal status is possible under the existing Rehabilitation Act. The current State-Federal Vocational Rehabilitation Program is such that it promotes linkages, partnerships, and collaboration, all moving toward a person with a disability being in a real job in the community with appropriate benefits and promotional opportunities.

As you are aware, the Vocational Rehabilitation Program is more than just a job referral or job search program. It is more than just simply job training, and this is the crucial distinction. Because while many individuals need little more than job training and a helpful boost in the job market, a large majority need more assistance, guidance, encouragement, and specialized services, such as voice activated computers, personal care assistance, mobility instruction, and job coaches, before they can become independent.

That is why people with disabilities have not traditionally been successful in accessing job training and employment programs without the special expertise of qualified rehabilitation professionals.

In Louisville some years ago, an energetic group of service providers, including the vocational rehabilitation staff, decided to change the system to benefit not only people with disabilities, but also others who traditionally were not served. Thus Job Link in Louisville was born.

It was conceptualized in order to introduce two new phenomena, one being an aggressive, a very aggressive, intervention into the job placement process; and, two, a collaboration of service providers under one roof to bring about this intervention.

The Kentucky Department of Vocational Rehabilitation was a collaborative player on two fronts, one within the disability community and one within the training and employment community.

Job Link presented to us an opportunity to give our customers, those individuals with disabilities, opportunities from other service providers which would have been extremely difficult, if not impossible, for them to access and for us to provide a customized, holistic

approach as opposed to a fragmented approach to the needs of any one customer.

The successful results have been increased consumer/customer satisfaction and expanded and enhanced private sector support and cooperation. Kentuckians with disabilities enter productivity more quickly, pay taxes earlier, and provide tremendous positive return on the investment.

Further, the Kentucky vocational rehabilitation professionals working in the one-stop environment are able to provide technical assistance to other job program staff, enabling individuals with moderate to mild disabilities to be served by these other programs.

So, in other words, when a person with a disability enters the door of our one-stop center, they come in the same door as everyone else. The one-stop center is able to provide that individual with all of the needed services that will result in a job in the community only because we have that qualified vocational rehabilitation counselor on staff. Without that person, the person with the disability would more than likely go unserved in traditional employment and training programs.

Essentially, the Vocational Rehabilitation Program is currently a one-stop shop for persons with disabilities. This has been made possible due to the fact that the State-Federal Vocational Rehabilitation Program, through the Rehabilitation Act Amendments of 1992, requires collaboration among and between any number of public and private programs, including Manpower, State employment offices, and vocational and technical education, to achieve employment outcomes for persons with disabilities.

Therefore, we oppose block granting of the Vocational Rehabilitation Program. The Vocational Rehabilitation Program is the only jobs training program that includes an eligibility criteria requiring the presence of a physical or mental disability. To adequate meet the needs of individuals with disabilities requires a well trained staff, capable of offering a wide array of the often specialized services. Consolidation with other job training programs would endanger this vital specialized ability and thereby endanger the future productivity of persons with disabilities.

Vocational rehabilitation is a full partner in our one-stop center. We are a full partner in the one-stop center because of our separate funding stream. We are a full partner because we are a job training and job placement organization. We are a full partner because we bring the expertise in disability and an array of available specialized services. We are a full partner because we view employers as one of our valued customers, and we provide those employers job analysis, training for first line supervisors, and human resource development support.

We are a full partner because we produce positive employment outcomes for Kentuckians with disabilities. The benefits have been tremendous to our customers through the overall collaborative effort of other State and Federal agencies and, again, through our relationships with the private sector.

Again, let me reemphasize that all of this has been accomplished under the current system. So why are we considering tampering with something that is already working, and working for a population in this country who have not had a level playing field for

many, many years, and working because we are capable of having collaborative partnerships with other programs?

It is not necessary to block grant the Vocational Rehabilitation Program. The fear is that persons with disabilities, especially those with the most severe disabilities, will lose the level playing ground that we have all worked so hard to achieve.

In closing——

Chairman MCKEON. Mr. Serraglio, are you about wrapping up?

Mr. SERRAGLIO. Yes, sir. I am sorry.

In closing, persons with disabilities can work, but they often have greater barriers to employment than other people, barriers that other systems are not designed to address, nor in my experience do these systems appear committed to address.

My State, like this Congress, is committed to getting individuals with severe disabilities into the work force. We believe the current system, with the help of the 1992 amendments to the Rehabilitation Act, has enabled us to create a collaborative model which we know works.

Thank you.

[The prepared statement of Mr. Serraglio follows:]

.ESTIMONY OF MR. SAM SERRAGLIO

Mr. Chairman and Members of the Committee:

I am Sam Serraglio, Commissioner, Department of Vocational Rehabilitation, Kentucky Workforce Development Cabinet. I am happy to be here this morning to discuss Kentucky's success with one stop centers under the current authorities of the 1973 Rehabilitation Act, our deep concern about block granting the vocational rehabilitation program, and our recommendations related to collaborative efforts for causing and increasing positive employment outcomes for persons with disabilities.

The Commonwealth of Kentucky decided in 1990 to aggressively address the workforce training needs of all of its citizens. The Governor and the Kentucky General Assembly felt so strongly about this overriding need that they collaborated to create a Cabinet level arm of the Executive Branch to achieve a capable Workforce for the next century. The State Federal Vocational Rehabilitation Program is an equal partner in the Workforce Development Cabinet.

This equal status is possible under the existing Rehabilitation Act. The current state federal vocational rehabilitation program is such that it promotes linkages, partnerships and collaboration--all moving toward a person with a disability being in a real job in the community with appropriate benefits and promotional opportunities.

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As you know, the vocational rehabilitation program is more than just a job referral or job search program. It is more than simply job training. And, this is a crucial distinction.

Because, while many individuals need little more than job training and a helpful boost into the job market, a large majority need more assistance, guidance, encouragement, and specialized services before they can become independent.

That is why, people with disabilities have not traditionally been successful in accessing job training and employment programs without the special expertise of qualified rehabilitation professionals.

In Louisville, some years ago, an energetic group of service providers--including vocational rehabilitation staff--decided to change the system to benefit not only people with disabilities, but also, others who traditionally were not served.

Job Link was born. Job Link was conceptualized in order to introduce two new phenomenons:

1) An aggressive intervention into the job placement process; and
2) A collaboration of service providers under one roof to bring about this intervention.

The Kentucky Department of Vocational Rehabilitation was a collaborative player on two fronts:

1) within the disability community, and

2) within the training and employment community.

Job Link presented to us an opportunity to:

1) give our customers, individuals with disabilities, opportunities from other services providers which would have been extremely difficult, if not impossible, for them to access, and,

2) provide a customized holistic approach as opposed to a fragmented approach to the needs of any one customer.

The successful results are:

1) Increased consumer/customer satisfaction;

2) Expanded and enhanced private sector support and cooperation.

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3) Kentuckians with disabilities enter productivity more quickly, pay taxes earlier and provide tremendous positive return on investment, and

4) Kentucky Vocational Rehabilitation professionals working in the one-stop environment are able to provide technical assistance to other job program staff, enabling individuals with moderate to mild disabilities to be served by these other programs.

Additional benefits include an increase in cooperation, a reduction in duplication, and shared human resources.

In other words, when a person with a disability enters the door of our One Stop Center, they come in the same door as everyone else. The One Stop Center is able to provide that individual with all of the needed services that will result in a job in the community only because we have a qualified vocational rehabilitation counselor on staff. Without that staff person, the person with a disability would more than likely go unserved in traditional employment and training programs.

Essentially, the Vocational Rehabilitation Program is a one stop shop for persons with disabilities currently. This has been made possible due to the fact that the state/federal vocational rehabilitation program encourages collaboration among and between

any number of public and private programs to achieve employment outcomes for person with disabilities. Therefore, we oppose block granting of the vocational rehabilitation program.

The vocational rehabilitation program is the only jobs training program that includes an eligibility criteria requiring the presence of a physical or mental disability. To adequately meet the needs of individuals with disabilities requires a well-trained staff capable of offering a wide array of often specialized services.

Consolidation with other job training programs would endanger this vital specialized ability, and, thereby, endanger the future productivity of persons with disabilities and, ultimately the country.

Vocational Rehabilitation is a full partner in our one stop center. We are a full partner because of our separate funding stream. We are a full partner because we are a job training and job placement organization. We are a full partner because we bring expertise in disability and an array of available specialized services. We are a full partner because we produce positive employment outcomes for Kentuckians with disabilities. The benefits have been tremendous to our customers, to our relationships with the private sector, and to the overall collaborative effort among other state and federal agencies.

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Let me re-emphasize that all of this has been accomplished under the current system. So, why are we considering tampering with something that is already working -- and working for a population in this country who have not had a level playing field -- and, working because we are capable of having collaborative partnerships with other programs. It is not necessary to block grant the vocational rehabilitation program. The fear is that persons with disabilities, especially those with the most severe disabilities, will lose the level playing ground that we all have worked so hard to achieve.

In closing, persons with disabilities can work, but they often have greater barriers to employment than other people -- barriers that other systems are not designed to address, nor, in my experience do these systems appear committed to addressing.

Thank you for realizing that State Vocational Rehabilitation Agencies must be at the table when Manpower Consolidation is discussed in order to ensure that persons with disabilities have improved access to job training and employment programs while receiving the specialized services so essential to their pursuit, like you and me, of the American dream.

We know that the current rehabilitation legislation allows us to be part of the Manpower Consolidation Program. We must protect the

integrity of the vocational rehabilitation program funds in order to ensure that the special needs of persons with disabilities are met.

My State, like this Congress, is committed to getting individuals with severe disabilities into the workforce. We believe the current system, with the help of the 1992 Amendments to the Rehabilitation Act, has enabled us to create a collaborative model which we know works.

Thank you.

Chairman MCKEON. Thank you very much.

One thing I think we need to point out is that in the bill that we have put in that we are working toward, we are looking at 80 Federal programs, blocking them down to four programs, and vocational rehabilitation would remain as one of those four programs. So it would be a separate program.

Mr. Williams.

Mr. WILLIAMS. Thank you.

Thanks to each of you for your good counsel today.

Let me, Mr. Chairman, begin with what I think has driven the Congress for a quarter of a century with regard to vocational rehabilitation. There are some hard facts in life, and among them are that some people by birth or accident, happenstance have a condition that prevails which requires them to work a lot harder than the rest of us just to stay even; requires them to have a lot more patience than the rest of us just to get by; requires them to practice more, put in longer days, to suffer longer than the rest of us suffer.

Another fact, one of the tests of this Nation's greatness is whether or not the people who will reach a hand, a collective hand, to help those who work harder, who suffer longer than do the rest of us so that we can all have an equal opportunity for success as the Constitution promises.

That is sort of a grand way of putting it, but vocational rehabilitation is one of the mechanisms in America that this country uses to demonstrate its greatness, and as we move to change vocational rehabilitation we just need to be very, very careful that we do not diminish this Nation's greatness.

Will block grants diminish the Nation's greatness in that way? Well, I do not know, but we have got to be very, very careful as we think about moving to them.

Let me ask any of you at the witness table who care to respond to this idea of block grants, and what I am wondering here is does the system work well enough now that you do not want to take the chance on block grants. What I want to know is would your State deal with the various problems that folks in your State have if we gave them the money and the flexibility under the block grants.

Mr. Young, do you want to take a run at it?

Mr. YOUNG. Thank you.

There are many good things about vocational rehabilitation in our country now. There are some things that need to be changed. There are still way too many people with disabilities who are not working. There are still too many who do not have the support services they need in order to work.

While we have got a good basic system, there are things that could be done better in some States. There are things that could be done differently in some States. We could bring the private sector into this process much more effectively.

Under block grants some States would do that very well; some States would do that very poorly. I think if you do go to block grants, it is imperative that you put out national outcome standards and expectations that everybody must meet. If you do that, then we will hold the States and agencies and private providers accountable if they do not meet these national outcome standards.

Mr. WILLIAMS. Mr. Kemp?

Mr. KEMP. I think I agree with Mr. Young. There are lots of examples in our State that block granting the dollars to the State could be problematic, especially if the dollars are pooled in with all other training program dollars.

Now, as you have stated, it is one of four programs, and so there will be distinct function for persons with disabilities.

I think the most important thing that the strategy needs to encompass that we use is that the private sector can get involved. In the current vocational rehabilitation system, it is very difficult, I think, for the private sector to gain access.

We have done some innovative things, I think, in our State with DVR to try to overcome this, but they are in the form of demonstration projects, things like that that show new and innovative concepts. In our State we have a Workforce Training Program that brought dollars in, $32 million, for the express purpose of getting people back to work. That program, when administered by the State, $32 million went to the community college system in our State, and $40,000 went to the 175 private institutions that do this kind of work.

I know you cannot legislate for one State in doing Federal legislation, but I am very convinced that whatever legislation has to have some direction to the States in terms of getting the private sector involved.

Mr. WILLIAMS. Thank you.

Perhaps we will have a second round of questioning, and I will take additional time at that time and perhaps others of you on the panel would want to respond to that question.

Chairman MCKEON. Mr. Roemer.

Mr. ROEMER. Thank you, Mr. Chairman.

I have a couple of questions that I would like to ask, but first of all, I would just ask the Chairman if I could submit a unanimous consent for the National Council on Independent Living, to include some statements from them in the record.

Chairman MCKEON. Without objection.

Mr. ROEMER. Thank you, Mr. Chairman.

[The prepared statement of the National Council on Independent Living follows:]

THE NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL)

POSITION
ON
EMPLOYMENT CONSOLIDATION PROGRAMS

INTRODUCTION

The National Council on Independent Living (NCIL) is a national membership organization comprised of centers for independent living, persons with disabilities, independent living advocates, and organizations supporting the principles of independent living.

NCIL was founded in 1982 by a group of directors of centers for independent living and their supporters for the purpose of advocating for improved national policies affecting all persons with disabilities. These policies include housing, transportation, personal assistance, air travel, communication, architectural accessibility, and, most particularly, reform of the federal and state vocational rehabilitation systems.

NCIL has been an active grassroots organizer, advocating for passage of the Fair Housing Amendments Act, the Air Carriers Access Act, the Civil Rights Restoration Act, the Americans with Disabilities Act (ADA), and most recently, the Rehabilitation Act Amendments of 1992. NCIL's position on the reauthorization of the Rehabilitation Act demonstrated its continued commitment to placing the authority over disability-related programming into the hands of persons with disabilities.

The center for independent living network itself has experienced strong growth in recent years. Since the first federal funding for centers was appropriated in 1979, the number of centers has increased from the original 10 to over 300 federally and state funded centers meeting fixed standards of performance. Today, many view the independent living movement and its centers as the operating arm of the disability rights movement.

Working from a premise that society, not people with disabilities, needs to be fixed, independent living advocates have demanded that people with disabilities have control over both the options and methods which bring them the greatest

Consequently, surveys and reports consistently demonstrate that 70 to 80 percent of persons with disabilities are unemployed. In fact, recent statistical data show that unemployment among men and women with disabilities who are actively seeking employment has increased 3 and 5 percent respectively. Many advocates who were active in securing passage of the Americans with Disabilities Act of 1990 are frustrated. If the laws necessary for integration are there, why hasn't change occurred? Why are more people with disabilities unemployed now than before the ADA was law?

INDEPENDENT LIVING VALUES

NCIL believes that there are certain basic values which must be incorporated into any system that promotes integration of persons with disabilities into the mainstream of society. These values must include the following:

1. CONSUMER CONTROL: NCIL defines consumer control as vesting power and authority in consumers of a particular program or service. In a consumer-controlled organization, the planning and decision-making staff reflect the population eligible to receive services with regard to disability, ethnicity, and other characteristics.

   THEREFORE, with regard to individuals, a consumer-controlled organization assumes that the individual knows best what he or she needs or wants, and that must include vocational rehabilitation services.

2. CROSS-DISABILITY: The issues that persons with disabilities have in common override the issues that mark their differences. Single disability programs usurp the strength of the disability community and drive a wedge into efforts to advance disability issues.

   THEREFORE, a responsive rehabilitation program would eliminate single disability programs in favor of an integrated approach. This integration will serve as a first step toward the full consolidation of persons with disabilities into federal employment programs.

3. EQUAL ACCESS: People with disabilities should have the same opportunities as other persons to participate in training and job

disabilities as a key piece of long-term planning; and

- keeping access to technology an absolute necessity in order for persons with disabilities to sustain a career and independent lifestyle.

Also pointed out at the summit, were many of the pitfalls which inhibit full integration in America's work force. Among these are time-limited access to services and supports, complex and unnecessary eligibility determination processes, and statutory language and regulations which are the hallmarks of traditional vocational rehabilitation and stand in the way of the values promoted at the meeting.

Although a significant portion of meeting participants called for a complete rejection of vocational rehabilitation as set forth in the Rehabilitation Act, overall recommendations did not call for a disbanding of the program. Instead, it made recommendations for substantive change.

RECOMMENDATIONS

As the disability community began preparing for the reauthorization of the Rehabilitation Act of 1992, NCIL made its recommendations as well. The first of these recommendations was that Congress establish a commission to study major reform of the entire Act. This commission, to be composed of a majority of persons with disabilities, would study the Act over a three-year period in order to develop a detailed plan for change and reform.

This recommendation of a commission remains the centerpiece of our general recommendations for a smooth transition to a fully integrated employment program:

1. National Rehabilitation Commission: In response to the recommendations of NCIL and other disability advocates, Congress outlined a structure and responsibilities for a National Rehabilitation Commission. The commission's mission to study programs funded through the Rehabilitation Act and to make recommendations for substantive changes, is set out in Title VIII of the Rehabilitation Act.

specifically for persons with disabilities and funded through the Rehabilitation Act, must take steps toward full internal integration. NCIL recommends elimination of the costly, separate and unequal blind services programs which are currently funded through the Act. Created many years ago when persons who are blind were among those with the most significant disabilities served under the Act, these programs are now archaic and unnecessary, emphasizing differences rather than similarities among persons with significant disabilities. Full integration into America's work force is impossible until such programmatic distinctions are discontinued and all persons with disabilities are treated equally, yet according to individual need.

6. National Council on Disability: NCIL recommends that funding for the National Council on Disability be continued and increased. The NCD is the single government agency with the mission of overseeing implementation of the programs affecting the lives of citizens with disabilities, including the Rehabilitation Act and of assuring that the standards and spirit of the Americans with Disabilities Act (ADA) are carried into rehabilitation programs. In addition, subsequent to the report of the National Rehabilitation Commission, it will be necessary for the NCD to oversee the implementation of the commission's recommendations.

SPECIFIC OUTCOMES EXPECTED

The National Council on Independent Living recommends that Congress -- regardless of the outcome of the debate on whether or not to shift vocational rehabilitation into a consolidated employment program using federal funds -- support consumer control, a cross-disability orientation, and equal access. An integration of these values into whatever program is developed would result in the following:

1. *Consumer Control*

   - Persons with disabilities make up a majority of all decision-making bodies which oversee programs designed specifically for persons with disabilities.

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- Lifelong access to open technology-based resources are assured.

IMPACT OF SPECIFIC REQUIREMENTS ON THE REHABILITATION ACT

In the event that vocational rehabilitation programs remain under the Rehabilitation Act, NCIL recommends several changes which will be necessary in order to integrate the values outlined above into the current system. Minimally, they would include the following:

1. Require consumer control of the Research Advisory Council, National Council on Disability, and Business Advisory Councils.

2. Grant sign-off authority to the statewide rehabilitation advisory councils for the planning and oversight of the state plan under Title I.

3. Implement a voucher system for consumers receiving services under Title I.

4. Mandate consumer control into the peer review and contract compliance processes.

5. Integrate funding for the blind services agency into state-directed vocational rehabilitation programs.

6. Expand Title VII, Chapter 2 programs to include services provided by consumer-controlled organizations to all older persons with disabilities.

7. Eliminate or redirect all other disability-specific programs, making existing funding available through innovation and expansion or demonstration grants which are time-limited in nature.

8. Simplify existing eligibility determination processes to reduce costly and unnecessary assessments.

9. Eliminate mandatory individual planning systems which are often costly, time-consuming, and promote dependence rather than independence.

In addition, NCIL recommends that each state be required to report disability-specific data which would indicate the level to which persons with significant disabilities are participating in employment consolidation programs and that specific triggers be placed in such legislation that would require changes which would correct deficiencies, if necessary.

SUMMARY

The National Council on Independent Living (NCIL) fully supports the integration of persons with disabilities into the mainstream work force of America. NCIL recommends a transitional approach which will immediately make significant changes in the current rehabilitation program, while at the same time force step-by-step, substantive changes in vocational rehabilitation and support services programs. Whether Congress moves toward an integrated, consolidated employment program or determines that persons with disabilities are best assisted through the current Rehabilitation Act, NCIL recommends that Congress mandate policies and activities which demonstrate the values of consumer control, cross-disability, and equal access.

For more information about NCIL and NCIL's position related to employment consolidation, contact:

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Date: March 22, 1995

Mr. ROEMER. I guess a part of my concern is about how we block grant this particular proposal on vocational rehabilitation. I am somewhat better informed by the Chairman's statement this morning saying that vocational rehabilitation will be a separate block grant, will not be put together with a host of other programs, having to compete for funds within a block grant.

But I guess I would have some additional questions about the impact of that in terms of whether or not there might be a transfer authority within the block grant. We with the nutrition program that just went through the House for children's lunch and breakfast programs, there was an authority given to the governors where they could transfer up to 20 percent of the funds from that nutritional program, and that would be a question I would have. Will that be included in this block grant?

Additionally, we have seen comments from the chairman of the Budget Committee saying that he might cut up to $5 billion in savings from the training and education programs over the next five years in order to move toward a balanced budget. I would be concerned whether or not that will have an impact on the funding level of the Appropriations Committee on these particular programs.

My ten o'clock appointment is in my office.

[Laughter.]

Mr. ROEMER. So those would be very, very important concerns that I might have. You know, we can address that in this committee at the appropriate time and to the chairman at the appropriate time, but I share a concern that the Chairman of this committee has expressed very, very eloquently over the years.

Mr. Goodling has said when it has come to the IDEA Program, which is the Individuals with Disabilities and Education Act, that we had good intentions to help disabled and people in school with mainstreaming those people, helping people at an early level rather than waiting for them to get the services later on, and that has only been funded at about 8 or 10 percent. Mr. Goodling cites very, very articulately what kind of unfunded mandate that has been, and we do not want this program experiencing a shortage of funds.

I guess my question first of all to Mr. Serraglio of the State of Kentucky would be: what flexibility do State governments now have in locating and administering their vocational rehabilitation programs; and, secondly, is your vocational rehabilitation program currently testing?

Mr. SERRAGLIO. The States have a tremendous amount of flexibility in the application of the State-Federal Vocational Rehabilitation Program. It is almost why we call it the State-Federal Vocational Rehabilitation Program. It has been a partnership for so many years.

The funds are granted to the States, and we do develop a plan to expend those funds. There is plenty of flexibility given to us. Probably the most difficult parts on the delivery of services, often the barriers come at the State level. The Federal level has a lot of processes, but I do know that the Rehabilitation Services Administration has been working with the State diligently over the last few years on the elimination of a lot of these processes so that we could

work more with outcomes. Even the new Act amendments achieve that.

The things like State personnel systems, procurements at the State level, I would like for us to work more on those because they do present some barriers, as I said. So we have a lot of flexibility right now in the partnership.

Your second question, we have not tested the voucher system.

Mr. ROEMER. Is that something you want to do?

Mr. SERRAGLIO. No, we do not.

Mr. ROEMER. You do not choose to exercise that?

Mr. SERRAGLIO. Right. We believe the floor would become the ceiling. We also wonder about what kind of quality services service providers would be giving us, given our persons with disabilities when we put a straight line voucher.

Mr. ROEMER. Thank you.

Thank you, Mr. Chairman.

Chairman MCKEON. Thank you.

As we mentioned before, we probably will need to come up with a glossary of terms, and we need to define what those terms means. Does a block grant mean the same to each of you? Does voucher mean the same to each of you?

I believe during this process, we really need to do that.

Mr. Riggs.

Mr. RIGGS. Thank you, Mr. Chairman.

Good morning to the witnesses. I apologize for being a little late and missing your opening statements.

I would like to focus on a couple of issues. One is how we can achieve some cost savings in this area of consolidation and streamlining effort of 163 Federal job training programs, trying to not only achieve some efficiencies of scale, but also, generate administrative cost savings applied to our long-range deficit reduction.

Then I would like to also focus in on the infrastructure and servicing question because I know in California under the Job Training Partnership Act we have now essentially two umbrella organizations, and there is some coordination between the two, but I question whether or not we have to have two separate policy advisory groups.

For example, we have the California Job Training Coordinating Council, which is making policy decisions with respect to expenditure of JTPA funds and overseeing the service delivery areas of the State, and then we have sort of a sister organization over here that's called the Governor's Committee for Employment of Disabled Persons, and it is focused more on obviously employment of people with disabilities.

I am questioning the need for those two separate, umbrella oversight boards or commissions. Would any of you have an opinion with respect to what kind of policy oversight we need at the State level, but how we can also drive funds down to the local level and maximize local control?

It is my understanding that currently the decision regarding service providers and the expenditure, the actual design of training programs often is retained at the State level.

So that's kind of a rambling, open-ended question. Let me stop there and ask you again about how we can achieve cost savings

and drive policy decisions down to the local level, while at the same time maximizing control at the local level for the design and delivery of programs.

Who would like to respond to that?

Mr. Kemp, we are told that the State vocational rehabilitation system spends about 10 percent on administration, 35 percent on counseling, and 50 percent on purchased services, and I would like to know what the percentages are for your organization and your response.

Mr. KEMP. Well, I think there is one thing I would like to address, and that is the concept of cost savings. I think it is important to realize for the country that cost savings to this country come in getting people off of subsidies and off of programs and back into the work force. Right now the system needs capacity building to be able to serve the number of people that exist that need services.

I think that the long term for the country, the greater savings come in any administrative savings having those dollars go directly towards participant services that will then take more people and put them back into the work force, and I think if you look at the kinds of cost savings that are available there, that is where you are going to get your long-term cost savings in the country.

The country, it is estimated, spends over $200 billion a year in programs for people with disabilities. Those programs are not training programs that are causing that burden. Those programs are other programs, and I think by getting people independence, you are then going to reduce the need for that kind of dollar expenditure in this country.

In terms of DVR in our State and Title I funds, during the past calendar year we had 43 students that were provided to us through the State VR system. That is out of about 120 students that we serve at our institution. We receive from DVR for those 43 students $63,610.49. That is less than $1,500 per student.

Now, the cost of our program in the private sector is about $6,000 that we advertise as tuition for a one-year program. You have to remember that savings can be a lot of different things. Our programs are one year long, but you get a two-year Associate's degree, which means that after one year a person gets into a job. They save one year of being on subsidies.

We raise the rest of those dollars from the private sector that it costs to administer our program through donations, through other fundraising, and some of the dollars come to us from students who get student loans, PEL grants, Washington State needs grants, those types of things.

After all first dollar resources are exercised, at least for the past calendar year it was less than $1,500 per person that came to us through the VR system.

Mr. YOUNG. I just have a comment about administrative streamlining and simplification, particularly in the area of policy decision making. We have found that boards who do not have significant or substantial representation by persons with disability on them do not make good disability policy. If you are going to consolidate two policymaking boards and administrative structures to save money, first of all, insure that there is substantial representation of per-

sons with disabilities who can tell you just exactly what needs to happen.

Second of all, I agree here. Do not save a few dollars in administrative costs in the job training program that way. Your big savings are in the SSDI Program and the SSI Program, getting people off cash assistance and into the work place.

As far as driving policy decisions and program decisions down to the local level, we have a concept called informed choice where every individual who goes into a job training program is given the information needed to make decisions on what is best for their particular skills, abilities, and job interests. That more than anything else will drive the market, the policy direction, by bringing in those providers who do the best work, provide the best services, and who get people jobs and keep them in jobs, and that is the best way to make your decision making, drive it to the local level as far down as possible.

Mr. RIGGS. Those are helpful comments, Mr. Young. I appreciate it.

Chairman MCKEON. We are over time, but Mr. Hall has a comment on that.

Mr. HALL. I am not sure in the broad sense of it that there is savings to be had without it impacting on people with disabilities actually, although I am clear that we could improve in many ways what we now do. I think we can do it by increasing the involvement of people with disabilities in their own future as much as we can, by not spending enormous amounts of money up front in the eligibility and evaluation processes, but depending more on self-assessment, and by paying for services that are to some degree known and researched on the part of people with disabilities themselves, and I am sure there are many, many other ways that we could change, you know, the equation, but for the life of me I do not really get the great difference between what you now have and block grant, if it is a block grant in which vocational rehabilitation is one component. That seems to me pretty similar to what it is right now.

I mean I am not an expert on that part of it. I think we have learned another thing though, which is if you do not focus very clearly on the reality of people's disabilities, and it is not all the same, you have a great deal of difficulty assisting people to help themselves, to become empowered.

So my view of it in terms of savings is I do not know whether you would get more savings. Maybe you would just cut more money out of the process, and if you did not change it at all, what are you doing?

Mr. RIGGS. Well, I think we would be talking about some changes, but maybe we can discuss those in the next round and focus a little bit more on job development and job placement assistance.

Chairman MCKEON. Mr. Sawyer.

Mr. SAWYER. Thank you, Mr. Chairman.

It has gotten to the point where they are starting to put my nameplate out even though I am not a Member of this subcommittee, and I just want to repeat again my gratitude for the opportunity to participate in this way.

I particularly appreciated your comments about vocabulary. I have been using a couple of terms in a way that I suspect in reading the testimony that you have presented today, you are not using those terms in precisely the same way, but I have been talking about undifferentiated block grants in which dollars are largely delivered with only the broadest policy directive and the expectation and hope that those broad goals would be met.

Coordinated grant models in which comprehensive delivery systems are put together, in which local decisions on how to carry out specific policy goals are established largely through States and localities, perhaps to national standards, perhaps not.

And then, finally, a third category, which I call coordinated program grants in which the fundamental program integrity of various funding streams is maintained, but that there are waivers and other vehicles to achieve flexibility that are specifically written into the law.

It seems to me that, in particular, the latter model makes substantially greater sense in an area where the populations being served are so substantially different within a broader population. The circumstance that we described today, that we confront today seems to me to be exactly that.

That I offer only as an observation and not particularly as a question, but, Mr. Serraglio, you indicate in your testimony that consolidation, at least in the terms that I use it, with other job training programs would endanger this kind of specialized ability, and yet Mr. Young in his testimony seems to indicate that CCD is interested in the effort to consolidate.

Could the two of you talk back and forth with regard to that difference in your views and in a way that would illuminate the advantages or disadvantages between what I have described between coordinated program grants and broadly consolidated grants?

Mr. YOUNG. I think the point that we are trying to make is that there are good things about the system we have. There are bad things about the system we have. What we want to do is keep the good things and try and change the bad things.

We want to look at changing now from system driven kinds of measures in our job training program to specific outcome measures, getting people to work, getting them jobs that pay good wages, that have benefits if possible, that raise people out of poverty, out of dependence and into the mainstream of American society.

The specific terminology of how we get there is less important than the fact that we get there.

Mr. SAWYER. Well, the terminology is not important, but the vehicle by which we achieve it can be important, and so I mean I truly do differentiate between consolidated grants, which lose the clear program integrity, and coordinated grants, which retain integrity but permit great flexibility in their interaction.

Mr. YOUNG. Okay. We would agree that we want a dedicated funding stream. That is clear. We want flexibility within that funding stream to address the individual needs of individuals with disabilities, to best meet their requirements.

You can, in a way, identify people with disabilities as a distinct population, but each disability has its own personality, if you will. There are some folks who would be just as easily, just as effectively

served by a mainstream job training program as a person without a disability. There are many who would be horribly mistreated by such a program. We have that now with the current JTPA program.

Mr. SAWYER. Mr. Chairman, I hate to cut off, but could we have just a few minutes more for a similar comment from Mr. Serraglio and perhaps a comment from Mr. Schroeder?

Thank you very much. I appreciate that. I am sorry to interrupt.

Mr. YOUNG. That is okay.

Mr. SERRAGLIO. I think you are correct about the vehicle that we use, and the protection of the integrity of the funds, in our opinion, is for the protection of the persons with the most severe disabilities. The fear here at the local levels, it could become a training type process. It's always much easier for job training programs to take the easy way out, to place the people that are easier to place into employment. People with the most severe disabilities have those special needs, and it would be a step backwards for the overall program and for the overall achievement of what we've done in this country if we take those funds and just put them in with all of the other training programs and expect those people who deliver the services in the other training programs to be able to work with the people with the most severe disabilities. We just do not think that they will address those issues, and that is coming from 22 years of working in the program.

Mr. SAWYER. Thank you.

Mr. Schroeder.

Mr. SCHROEDER. Mr. Chairman, Congressman Sawyer, I think that our primary concern at the Rehabilitation Services Administration with the term block grant is some uncertainty to us of what that means in terms of sustaining the fiscal commitment to support this program. Many times a block grant is a reduction of the previous effort in terms of the overall dollars, and we would be very concerned if the support that currently goes to the program was reduced.

Also, the current system has a match requirement, and more than a half billion dollars is put into the program by the States, and again, we are just uncertain whether the block grant, be it a coordinated block grant or other type, would have provision to sustain that level of effort.

In terms of the flexibilities that I think we all recognize as important to the program, the discussion that you have heard here this morning of very innovative programs has all been accomplished under current Title I authority under the Rehabilitation Act. We believe it is a very flexible program, and the 1992 amendments allow that the program is to be guided by means of a strategic planning process by an advisory committee that has a number of constituencies, heavily weighted with individuals with disabilities that conduct the planning, that conduct the public hearings, take other comment, client satisfaction studies, what we believe and we sincerely hope develops into a very dynamic process that keeps the program very responsive, very driven by the people who are directly served in each State by the program.

Thank you.

Mr. SAWYER. Thank you very much, Mr. Chairman. I appreciate your flexibility.

Chairman MCKEON. Thank you, and I appreciate your definitions of these block grants because I think as we work on this and refine it, I think that is very important. A good contribution.

Mr. SAWYER. Well, this series of hearings that you have been having, particularly in this broader area, I think, has been enormously illuminating, and it has provided an opportunity to look at a variety of different approaches that in some of the previous broader debate before the whole House perhaps did not get explored as completely.

Chairman MCKEON. Well, the pressure of the 100 days has probably caused some things that we all would have rather done differently if we had had that choice. I think as we go through this process we really need to focus. I think we all are working together on the thing that Mr. Young talked about, that every program has good and bad. We want to keep the good and get rid of the bad, and if we can do that, then we will have achieved success.

If we have not, then we need to be taken out to the woodshed. So I think you are really adding a lot to this program as we are talking today.

Mr. Souder.

Mr. SOUDER. I am sorry I missed your testimony. I have tried to catch up here a little bit in the questions and in reading. I basically have two types of questions. I want to follow up on one of Mr. Young's comments a minute ago, that you believe that in the decision process there needs to be people with disabilities helping making those priorities so that there is a more full understanding.

How essential is it to have a diversity of the different disabilities, and is there to some degree a danger if you have some representative and not others that you could steer the funding less fairly than if you had somebody who did not have a disability who is trying to give an overview to it?

Mr. YOUNG. Clearly, individuals with disabilities know best what their needs are, what their desires are, what their goals are in life. We have had 25 years of experience now in having people with disabilities participate substantially in policymaking roles and decision making roles, and we have always found that bringing in individuals with disabilities is superior to not having individuals with disabilities in the loop on the decision making process.

There needs to be a balance. The disabilities, physical, mental, cognitive, sensory disabilities, are all different and unique and have characteristics of their own, and it is important to have a balance of folks on your decision making committees and policy making committees that can provide the guidance and the input needed to design and to evaluate success.

People with disabilities are as human as anybody else. If you unbalance the system, some people will take advantage of it. Having a so-called neutral or nondisabled person making those decisions for us, however, is not the solution. The solution is to have equal representation among folks with disabilities and let us participate in designing and implementing our own successes.

Mr. SOUDER. One of the problems we have had in the Federal Government is often whatever is the TV trend or the hottest prob-

lem in the country, the largest lobbying group gets the funding, and that is one of the reasons I asked that question. There is an imbalance sometimes in the power of lobbying at the Federal Government as well.

Taking that to the next step, one thing we constantly run into when we debate the block grant question is the funding cut question. There certainly will be a funding cut at the Federal staff level if we move this to the States, but that frees up more money for the States.

There is an implicit assumption that somehow the States are not going to be as careful and caring about individuals as the Federal Government is, and I think that that is more true the smaller the minority, and I would assume that in the disability community, the fewer people there are with that disability, the more concern there is that they will be isolated and not have an impact at the State level.

Could several of you on the panel address this question of why you are more afraid of the State governments making the decisions than the Federal Government and where you think. In addition to the question of those who are least employable or most difficult to employ being shunted aside in a creaming process, what in the disability field are likely to be some of the places that particularly could get lost in any shuffle and why the States would not be paying attention to them?

Mr. Kemp.

Mr. KEMP. Well, I think it goes back to the issue of the integrity of the Rehabilitation Act, and it kind of goes back to definitions, and I have heard some different shades on that.

From my perspective, preserving the integrity of the Rehabilitation Act is the insurance or the assurance that the dollars for the disabled community are dedicated dollars. I think the issue with the States, we are trying to do legislation at the Federal level that gives the States broad power to implement those programs. I think there has to be something in the legislation that insures that integrity.

Mr. SOUDER. My fundamental underlying question is: why do you think the States do not have the same concern about addressing your community that the Federal Government would? You are begging the question. In other words, you are saying unless we require it of the States, they will not do it. Why?

Mr. KEMP. Well, I guess it is just our, at least my, experience in our State with some of the programs that I have seen. I look at the people in our State that are doing one-stop job service centers, and in talking to the people that are working on that concept, one of the things I have found was after 45 minutes of talking, that the consideration for a person with disability is curb cutouts and lower water fountains, and those of us that are in the business know that that does not even scratch the surface of the issues that are required.

So some sort of mechanism to insure that the States do not just go and use those dollars wherever they want, giving the governor great latitude to pull the dollars out on whatever the hot issue of the day is, whether it is unemployed timber industry workers or whatever, putting those dollars and moving them over, and I think

that is preserving the integrity. I think the Federal Government in giving those dollars to the States has a responsibility to at least insure that the State does use those dollars in a way that is prescribed and the intent of the dollars when they were first appropriated.

Chairman MCKEON. Did you have one last question? I did not mean to put you on the spot. It is tough when you first walk in to get in sync with what is happening.

This has really been informative to me. I have had over my lifetime experience with disabled people. When I served as a missionary for our church many years ago, I had the opportunity of working with and baptizing three people that were blind, two that had been blind from birth; one had an accident as a teenager. He later became our scoutmaster, and I had the opportunity of performing the wedding for two of those people, and that was a great experience for me to work with and learn about individuals with disabilities.

The lady had been blind all of her life, had been married previously and had three children. She did everything to take care of those children, cooked the food, did everything for them. She would chase them around the house. It was a fantastic experience, but there were still some problems. With all of the things she could do, there were things that she could not do.

One time we were sitting in her home. She had a very modest home, and we heard a fire engine, and the neighbors said that the house was on fire. She could not tell. We went outside and helped put out the fire, but that was something that she would not have known. I know we have smoke detectors and that kind of thing now, but this was outside the home.

I had a friend that I have had for a number of years who was in construction and was building a home, fell off the roof, broke his back, and is now a paraplegic. I mentioned that yesterday. I had the opportunity to visit with the Council of State Administrators of Vocational Rehabilitation and talk just a little bit about the story of that friend of mine.

Without those opportunities I probably would not have the limited understanding that I do have of the problem. I realize that it is limited and there is more that I need to know, but the last couple of days for me have been very, very interesting.

Let me ask Mr. Schroeder. Would you agree that the appropriate goal of reform is to cut in administration and counseling so as to provide more into actual end services?

Mr. SCHROEDER. Mr. Chairman, we agree that outcomes are critically important to be able to justify that the tax dollars are being used wisely and effectively. The 1992 amendments include a provision for us to develop standards and indicators that will give us more precise measures of the outcomes, the program effectiveness beyond the more aggregate data of numbers of people who go to work.

But I think it is important for us to point out that counseling is not something that is secondary to direct service. In many cases the counseling is a very, very key service that the individual receives. The expertise of the certified or trained rehabilitation counselor working individually with the client to develop a written re-

habilitation plan and guiding that client or customer, as we like to call them, through the process is an important aspect of the service delivery.

The 50.8 percent of the rehabilitation dollar that goes to purchase services is not a representation of the funds that go to what we would consider direct client services.

Chairman MCKEON. In following up on that, if you had X number of dollars and you have a total budget and you were to develop the ideal use of those funds, how much would you put into administration, how much into counseling services, and how much into direct services?

Mr. SCHROEDER. Mr. Chairman, I think that the way that we would approach the question that you have asked is: is the program performing? Have we set standards that hold that program accountable for outcomes that are quality outcomes for the resource that we are giving that program?

If that program is delivering a high quality outcome, then I think you work into looking at what are the indicators. How do they do that?

And of course, presumably the greater share of the money would go to direct program services and not to administration. We think that the amount that currently goes to administrative cost, roughly 10.4 percent, is not an unreasonable cost, but we would be reluctant, frankly, to try to set various caps on categories of service, and feel very strongly that it is more beneficial for us to focus on the outcomes that we would ask from the public vocational rehabilitation program.

Chairman MCKEON. Thank you.

I think we have time for another round. Mr. Williams.

Mr. WILLIAMS. Thank you very much.

Let me restate my question a bit differently, and I am particularly interested in the Commissioner's response to this.

I have always viewed Title I of vocational rehabilitation as a block grant. That meets the definition of a block grant, Title I. So if you get Title I, you keep block grants, it seems to me, and, by the way, if we go to block grants, I do not know what we do with the institute or the council. How do the States deal with that? Do we separate those out and keep the institute and the council separately and then just continue to have Title I but call it a block grant?

Mr. Serraglio, what do you think?

Mr. SERRAGLIO. Mr. Williams, when you say institute and council, I am sorry. I am not quite understanding.

Mr. WILLIAMS. The National Institute on Disabilities and Rehabilitation Research and the National Council on Disability, Titles II and IV.

Chairman MCKEON. In our proposal, we would keep those separate.

Mr. WILLIAMS. You would separate them?

Chairman MCKEON. Yes, in our proposal.

Mr. WILLIAMS. You would not block grant those. So what we might end up with in a block grant is Title I and call it a block grant.

Mr. SERRAGLIO. Right.

Mr. WILLIAMS. Now, would you have us do anything differently with that block grant, Title I, than we do now?

Mr. SERRAGLIO. No. If you are going to do the same thing that you are doing now and agree to protect the integrity of the vocational rehabilitation funds, we would see no reason to be doing anything differently, other than the way we proceed in the continuous improvement of the program and emphasize the outcomes that Commissioner Schroeder was just referring to.

I am not sure I am answering your question.

Mr. WILLIAMS. No, that is fine.

Would you have us do anything differently with the special demonstration and training projects, Title VIII? Are you familiar with Title VIII?

Mr. SERRAGLIO. No, sir.

Mr. WILLIAMS. All right. Mr. Hall, any comment?

Mr. HALL. Well, I think that it is necessary for the future to have some capacity to invest in creating better alternatives or even just additional alternatives for the system. So someplace there ought to be a capacity to deal with new and creative programs targeting toward various kinds of needs, including cost saving needs for some people.

Mr. WILLIAMS. Mr. Hall, I think there are 50 different vocational rehabilitation programs currently in America. People do innovate.

Mr. HALL. You mean in State agencies.

Mr. WILLIAMS. Yes. States do innovate. When you say there should be some room for something different, what is it? Because it seems to me that the States now do a great deal differently than the State next to them.

I can tell you that the Montana program is run very differently, run very well, by the way, but run very differently than North Dakota, which is run very differently then Wyoming, which is run very differently than Idaho.

Mr. HALL. And there are some people from slightly outside the system who ought to be tackling things like choice just to make it available, if you will, for the entire system, is what I think.

Mr. WILLIAMS. Mr. Kemp?

Mr. KEMP. Yes. I heard a comment earlier. The innovations you have heard about today have been done within the current system. Why change it? And I think one of the basic fundamental needs for change is to allow the private sector to have greater participation, to provide competition which leads to cost savings.

Right now the private sector is at the mercy of the public sector, the way the current Rehabilitation Act is written. We get referrals from public agencies as opposed to being able to directly access Title I funding.

If someone comes through my door who I have directly marketed to, who has made a decision to come to my facility, I have to go and send that person through the State system, and that State system may or may not approve them being able to come to our facility.

So I think there is a need for greater access to the private sector to participate in this. It builds capacity of the system. I can raise private sector match dollars that can then be used to access Title I dollars. That builds capacity. That helps. That promotes competi-

tion. Those are all good things in my mind in terms of rehabilitation in America today, and if I had a way to change the Rehabilitation Act, and that was the way that we were going to bring the dollars down to the States, those are the things that I would promote.

Mr. WILLIAMS. Would you have the private sector contribute additional dollars or would you maintain their involvement in vocational rehabilitation simply as one of the administrators of it?

Mr. KEMP. I would have the private sector raise match dollars just like the State raises match dollars.

Mr. WILLIAMS. Now, the difficulty, it would seem to me if I was a client, was that my services would then begin to rely on the fickle nature of the private sector. In good times, money. In recessions, I am out here on my own.

Vocational rehabilitation as it is now at least attempts to protect against the vagaries in the private sector.

Mr. KEMP. Well, I think that one of the things that you can do is allow States, if you did provide a percentage of the dollars to the private sector, I think that you would then allow the States to be able to access those dollars if the private sector was not stepping up to the plate in that particular State or if one year the State did not.

But I think your comment can be evidenced around the country by different legislatures that are either making their match or not making their matches in the States, which all provides to the capacity of an individual State. Like you said, the program in North Dakota is different than the program in Pennsylvania, and in some of those States when the State legislature comes up on a tough year, just like the private sector sometimes has tough years, they do not make their match and services are a lot less in those States also.

Mr. WILLIAMS. Thank you, Mr. Chairman.

Chairman MCKEON. Thank you.

Mr. Reed.

Mr. REED. Thank you, Mr. Chairman.

I am curious, Commissioner Serraglio. Part of the logic behind block grants is that the States really do not run the programs now anyway, and I think I am following up a theme set up by Mr. Williams. It seems to me that the States have a certain degree of discretion already to run the programs, and that in fact, it is a fundamentally State driven program right now. There are Federal moneys going in right now. There are certain Federal guidelines on how to operate, but there is the possibility of variations and, in fact, there are lots of variations already.

So my sense is that by simply putting the money in a block grant and knocking out the Federal standards, et cetera, you are not going to save a lot of overhead. You are not going to save a lot of anything. The States can just do what they want to do with more flexibility, but down the line they might have less resources.

I am just wondering if that is a fair kind of approximation of the current system.

Mr. SERRAGLIO. I think it has been discussed here this morning a little bit about the different definitions of block grants, and I have heard one definition this morning that there is the possibility

of a block grant where 20 percent funds can be used by incoming governors or current governors at their discretion.

That presents a real fear for the vocational rehabilitation program. That would be quite a substantial loss in services to persons with disabilities. So there seems to be so many definitions, again, as the Chairman has pointed out, as to block granting. That is probably one of our biggest fears at the State level, is what is that definition.

Yes, in the current program we do have a lot of discretion for the use of those funds, and because of that, that is why we would like to keep it the way it is.

Mr. REED. Again, you could make a judgment, and I guess it might be debated, but to what extent do you think, given your own State experience and other States, that we are using these moneys for overhead rather than for services to people with disabilities? Do you have a rough estimate?

Mr. SERRAGLIO. As Commissioner Schroeder has pointed out, in the national program over 50 percent is direct services. Over 35 percent is in counseling and guidance, and the counseling and guidance services are just as important as the direct service. So it is a minimal administrative cost.

We strive in Kentucky to try and keep our administrative costs somewhere between 8 and 10 percent. That is a goal that, you know, we set within our own State.

I do not see where there is going to be large savings in administrative cost. I would agree with I believe it was Mr. Young earlier when we were talking about cost savings. The place for cost savings would be to start examining the disincentives programs that are out there in the social security programs.

Mr. REED. Thank you, Mr. Serraglio.

I want to follow up with the issue I think Mr. Kemp raised about private and public competition. On what terms would you compete, price?

Mr. KEMP. I think there are lots of different ways the private sector can compete. First of all, at the straight CBO or community-based organization level in a system where there is consumer choice, then public and private sector organizations that do rehabilitation training and other programs will compete, and the free market economy will decide what share of the market goes to whom.

Mr. REED. My question is: what are you going to use as your competitive issues, price, quality, location?

Mr. KEMP. All of the above.

Mr. REED. Okay. I mean one of the problems we have in any type of program is that we see when the private sector moves in, and they play a valuable role in so many different programs, but it is a lot easier to be competitive in the suburbs when your marketing population is reasonably affluent people who can pay the little extra for the little amenities. You do not see the same type of fierce competition in some of the poor neighborhoods and rural neighborhoods of the country because, frankly, the market does not work. You always have this phenomenon of skimming.

Mr. KEMP. I am not suggesting that the private sector takes over rehabilitation in America. I am not saying that DVR and RSA go

away. What I am saying is that I can speak for my part of the country where we are out there scrapping in the trenches with everybody else with the severely disabled, and there is an interest at least in private sector nonprofits like mine to have the access, the ability to directly compete, not necessarily saying do away with all public systems and bring in privatization.

If I have given anybody that impression, that is not the impression I wish to leave. I am just saying make the opportunity available. If we are all so convinced the private sector is fickle, as Mr. Williams suggested, and that we flutter around from one thing to another, allow accessibility for the private sector to dollars, and then let's see what happens. You are not hurting anything by allowing the private sector to participate.

Mr. REED. Could I just follow up, Mr. Chairman?

When you say the private sector, I think that what you are talking about, although let me ask you, is you are talking about essentially not-for-profit agencies; is that correct, that are in the rehabilitation business, or are you talking about for-profit entities that are in the business? And I do not know which one you represent.

Mr. KEMP. Oh, I am a nonprofit. But if somebody can do the job cheaper, more efficiently, and with better results, and they are in the for-profit side of the private sector, have at it. What are we trying to do here? We are trying to get Americans with disabilities into the work force and to achieve independence. Let's use the best means possible to do that. Let's not put our fears of fickle private sector out there on the line. Let's go ahead and allow accessibility for anybody who thinks they can do a good job.

Mr. REED. Well, I think that probably exists right now. I mean I think, you know, there are lots of insurance companies around that are interested in getting people back in the work force, and they have arrangements with private, for-profit entities. I think also that, you know, one of the reasons, and this goes back several years, that the government got involved was because I think it was obvious that the need was not being served by the private market, and I think there is always not only opportunities, but the necessity to rethink these issues and to consider how we can be more efficient, and the private entrepreneur is probably more efficient by nature, but sometimes the price of that efficiency is holes in the service area, not dealing with particularly difficult populations because you do not make any money.

Mr. KEMP. Well, I cannot speak to that because I deal with very severe disabilities at my agency. I do not feel that we do any creaming or skimming in what we do, and that is really my experience base. It is what we have done for 14 years.

I do think though that, once again, I am not advocating privatization of the entire system. I am just asking for access and level the playing field so that those institutions in those service areas where they exist are able to compete and to be a part of that system.

Mr. REED. Thank you very much.

Thank you, Mr. Chairman.

Chairman MCKEON. Thank you.

We have over the course of the hearings talked about block granting and outcomes. I guess where I have run into a problem

with it is how much direction do we give from the Federal Government.

We can list a lot of things that we expect the States to do. What I want to avoid is building up bureaucracies of people to fill out paperwork to show what people are doing, and then building up bureaucracy here in Washington to read all of that paperwork, and then what is ever done with it?

So I think that is something that we are struggling with and will struggle with, and if you have any input or any help there, what direction would you give us? What is the status of the standards and outcomes as part of the 1992 legislation? Where are we on that? Do you know at this point?

Mr. Schroeder.

Mr. SCHROEDER. Mr. Chairman, the standards and indicators we feel very strongly that you are exactly correct. The process for measuring the performance of State agencies ought not to be a paper exercise. It ought not to be burdensome, and it ought not to be something that ends up in a gray metal file cabinet somewhere in Washington with no real use made of the data.

With that in mind, we have entered into a process for developing those standards and indicators that involves all of the stakeholders in the rehabilitation system. It involves the State agencies that administer the program, as well as input from the customers of the programs, other service providers.

We released last November a draft of standards and indicators. We received more than 160 comments. All of this activity is taking place prior to our ever going forward with a notice of proposed rulemaking and then subsequently final regulations.

But we do feel very committed to measuring in a very substantive, qualitative way outcomes, but doing it in a way that our customers agree and our partners that we are not just creating new kinds of paper activities or shell games to make performance look better.

But let me just say I do not want to imply that while we are working on these standards and indicators we do not have some very important measures of program success. We certainly do. Last year we successfully rehabilitated 202,949 people, which was up 4.6 percent over the previous year. The number of people with severe disabilities rehabilitated last year was 145,305, which was up 7.3 percent.

So there are some very strong indicators, and we are trying to strengthen that system so that we can have even more effective and, as I say, more qualitative measures of the outcomes for our clients.

Chairman MCKEON. I appreciate that, and we will follow up with you to see what progress you are making or what you are doing so that we keep the good and improve on what we are trying to do.

Mr. Serraglio.

Mr. SERRAGLIO. If I might just make one comment, you said how can the Federal Government help us in the processes. We have been working in recent months with RSA on streamlining processes, but there are still a lot of mountains of paperwork of processes out there, and it does hinder the State agencies in delivery of services.

Earlier I talked about some of the State processes that hinder us, but primarily it is paperwork processes. It is a very cumbersome State planning process. I am certainly not opposed to strategic planning. I think it is an important and integral part of an operation. However, I think I was in a meeting Sunday where what has happened over the years is the Christmas tree has gotten larger. We have put more ornaments on it, and we have failed to take ornaments off. That was a very good comment by the individual in that meeting, and that is basically what has happened.

We continue to put more statistics. We need a statistic for this and we need a statistic for that, and I think with the new standards and indicators hopefully we will limit the statistics that we need to report to you all and further.

Mr. HALL. Mr. Chairman, our experience is to try to document whatever is true in the Choice Project, and I think that is true for the other Choice Projects, too, to the degree that it would be convincing to you or to others in this room. So we are taking it very seriously to have some documentation.

Our own program now in three places around the country involving five already different types of people with disabilities, physical and chronic and learning disabled and attention deficit disorder and deaf, hard of hearing, and HIV disease, and we are working on mental and emotional, a totally separate program in each case for all of those, and we would do more if we had more resources. We are just limited.

But our experience is that of those who choose to participate, and of course, not all would; some people do not want a lot of choice, but those who do want to choose, those who do want to take control of their own future, they will complete the program. Over 90 percent is our experience, and of those who complete the program, we expect it will be above 70 percent who will obtain or retain mainstream employment, almost all above, way above entry level employment.

That will not all occur immediately, but it is above 50 percent within six months, and it is above 60 percent within a year, and then within the second year there are a few others who are doing some kind of training or whatever, but it seems to me that some requirement, if not requirement, attention to real outcomes for people is certainly appropriate. That drives you to do some things and not do others and to fill in between the cracks.

Chairman MCKEON. My business background demands that.

Mr. HALL. Right, the bottom line.

Chairman MCKEON. You know, you have to have that, but the time that I spent on a school board and as a member of the city council and mayor, I saw all of the problems that we had from bureaucracy. You had tremendous mandates from the State capital and we had tremendous mandates from Washington, and I saw a lot of effort, people writing for grants, and people basically just filling out reports that I do not think anybody ever looked at, but it was because of some law passed somewhere up above.

Philosophically, I would like to cut through that and keep it as simple as we can so that we do not fetter the people that are really trying to do something. That is my whole purpose.

Mr. Kemp.

Mr. KEMP. I think one thing in terms of performance standards, which is, I think, the issue that we are kind of talking about, there are some very simple things, and we have heard about them, outcomes. I think one of the keys is that this legislation mandate uniform reporting guides and formats to insure consistent national data.

I would guess that the 50 different States and 50 different programs, if you went and read their annual reports trying to come up with some national figure other than there were this many successful rehabilitations, and then, of course, there is a definition of what that means, but you would have a very hard time coming up with consistent national data, and I think that uniform reporting guides are important.

And the second issue I think that you need to consider when putting this legislation out is that those national performance standards are applied equally to both the private sector and the public sector.

Chairman MCKEON. Thank you.

Mr. Young.

Mr. YOUNG. Yes. I think we certainly want to see outcomes. We want to see counted the number of people who got jobs and the percentage of people who served who got jobs, but beyond that, we want to see the quality of those jobs. Are they the jobs that people want to have, not just the first available job that that person gets put into? Do those jobs provide enough income for the person to live independently and not have to be forced to stay on an income assistance program? Does the person get served in the way that they want to be served? Are they satisfied with their process and their ability to choose? Do they actually get to make choices?

At the end of the process, we want to see those results fed back into the informed choice process so that when an individual goes to a job training program, they are given information on what providers do provide good outcomes, do get people the jobs they want, do get jobs that pay them enough to live, and that do allow them to exercise informed choice.

I think that is essentially the nuts and bolts of the process. Don't let it sit on the shelf. Feed it back into the process so people can use that information, and, yes, we do want these outcomes measured both against the private and public sector equally. We want everybody to complete. We want a level playing ground. We want people to have real choices.

Chairman MCKEON. Okay. I think it has been mentioned today that we are looking at 80 programs, taking them down to four programs, and I can see that there probably was some real concerns raised that would we be putting vocational rehabilitation in with school-to-work.

There are programs out there. There are programs in our own conference where there are people who are taking these same 80 down to one block grant where everything would be thrown in a pot together, and we, much from Mr. Gunderson's guidance and Mr. Goodling who have done all of the pioneering on this, we have separated these out into four, and basically the vocational rehabilitation would be pretty much on its own.

And then the comments are made, "Well, why make any change at all?" I think there have been some very good suggestions that have come out of this hearing today of positive things that can be done, and some good guidance on things that we need to be careful of and avoid, and we will take that into consideration as we move forward now with this process.

We look to moving to mark-up of a bill in May, after the break. I have asked each of the witnesses as we have gone through this process that as you leave here if you think of something that you wanted to say that you did not say, will you please get that to us? Anything additional that you think of as time goes by, please communicate with us and please be a part of this system because it will only work if everybody that is involved is a part of it.

Again, thank you all for what you are doing, and you know, one thing that I picked up from today, it is likely that funding is not going to be greatly increased in the program. That does not seem to be what we are talking about at all in Washington these days.

The comment was made though: how do we achieve savings? And I think we talked about efficiency of scale and so forth, but it looks to me, as I met with the group yesterday and then hearing some of the testimony today and some of the figures and things that I have seen, that if we actually did increase funding in this area, one of the problems we are hampered with is lack of funding, but another problem we are hampered with is the way things are scored and counted around here, but it looks to me like you are doing a pretty good job of putting people back to work who then pay taxes. You know, it is very effective.

So that is another thing that we need to look at. It looks like one of the ways to save money would be to put more money in it.

[Applause.]

Chairman MCKEON. And please strike that from the record.

[Laughter.]

Chairman MCKEON. The hearing will remain open for 10 days for you to get your additional comments in, and without objection, we will put in Mr. Williams' opening comment, and we will now adjourn.

Thank you very much

[Whereupon, at 11 a.m., the subcommittee was adjourned.]

[Additional material submitted for the record follows.]

National
Rehabilitation
Association

TESTIMONY

BY THE NATIONAL REHABILITATION ASSOCIATION

SUBMITTED TO THE

SUBCOMMITTEE
ON POSTSECONDARDY EDUCATION, TRAINING AND LIFELONG LEARNING
JOBS PROGRAMS CONSOLIDATION
OF THE
HOUSE COMMITTEE ON EDUCATIONAL AND ECONOMIC OPPORTUNITY

CONGRESSMAN HOWARD MCKEON, CHAIR

MARCH 29, 1995

Mr Chairman and Members of the Subcommittee on Postsecondary Education, Training and Lifelong Learning

To provide you with some background on the National Rehabilitation Association, the Association was founded in 1925 for the purpose of enhancing the quality of life for persons with disabilities by providing vocational assistance on the road to maximum employment in their efforts to become contributing members of our community. Historically, Vocational Rehabilitation dollars appropriated by the federal government have been well spent. The return on this investment can easily be measured by the positive return to individuals with disabilities in the work place and to the United States Treasury.

The National Rehabilitation Association, currently with approximately 15,000 members, operates its programs through nine divisions and seven regions as well as state chapters nationwide. Economic and personal independence for people with disabilities has long been a basic goal of the nation's rehabilitation programs. As part of one of America's oldest human service efforts, the Association has been helpful in the removal of barriers, both architectural and attitudinal that prevent full enjoyment of the rights of American citizenship for persons with disabilities. The Association has been beneficial in increasing public awareness of the needs of persons with disabilities. The Association has been in the forefront

of promoting the highest standards for rehabilitation programs and rehabilitation personnel and in the improving of professional skills.

The National Rehabilitation Association strongly supports the position that any jobs programs consolidation effort NOT replace the dedicated funding stream which provides comprehensive services to the full range of persons with disabilities. Such specialized services should ONLY be provided by qualified rehabilitation personnel (e.g. rehabilitation counselor, vocational evaluator).

The National Rehabilitation Association further believes that the state/federal and public/private partnerships in Vocational Rehabilitation are the foundation to achieve employment outcomes of people with disabilities. Therefore, it is essential that a Vocational Rehabilitation program be considered a core service for individuals with disabilities.

Currently the federal government has approximately 156 different federally funded employment training programs which have different eligibility requirements and overlapping target populations. There is limited government-wide backup data available to determine the efficacy of all of these programs. Consequently, it is not without reason that Congress and the President support legislation to consolidate some of the program duplication and establish a national policy to guide federally funded employment training efforts.

The National Rehabilitation Association reminds legislators of the long history of legislation providing Vocational Rehabilitation assistance to individuals with disabilities and the positive and successful outcome of this legislation. However, it is the great concern of the National Rehabilitation Association that while many job training programs provide similar services, such as counseling, assessment and skills enhancement, current legislative proposals fail to recognize the very specialized needs of individuals with disabilities as they seek assistance in obtaining, continuing or regaining employment. The National Rehabilitation Association believes that funds appropriated through Title I of the Rehabilitation Act as amended should continue to be available to individuals with disabilities.

The National Rehabilitation Association hopes that the Subcommittee on Postsecondary Education, Training and Lifelong Learning will use this Association and the members of the Association as a resource during its continuing deliberations into the job training program consolidation issues especially where such consolidation will impact vocational rehabilitation and the disability community.

We wish to extend to Chairman McKeon and the Members of the Subcommittee on Postsecondary Education, Training and Lifelong Learning our gratitude for the opportunity to submit this testimony with supporting documentation.

BEST COPY AVAILABLE

Should any Member of the Subcommittee or the Subcommittee staff wish to have additional information or should any Member of the Subcommittee or the Subcommittee staff have questions concerning this testimony, they may contact either Dr. Ann W. Tourigny, Executive Director, National Rehabilitation Association or Thomas G. Stewart, Director of Governmental Affairs, National Rehabilitation at the address and telephone number on this letterhead.

The National Rehabilitation Association submits the following appendices in support of its testimony:

Appendix A — Contains materials supporting the continuation of the Vocational Rehabilitation program.

Appendix B — Contains supporting materials substantiating the relationship between client outcomes and the level of rehabilitation counselor training and education.

Appendix C — Contains supporting materials analyzing the assessment procedures with Vocational Rehabilitation clients.

DOUG SUILER
National Rehabilitation Association
President

APPENDIX A

STATE OF OKLAHOMA
DEPARTMENT OF REHABILITATION SERVICES

CONSUMER SUCCESS STORIES 1994

Dennis Clay, Marriott Hotel Housekeeping Hall Crew

Several years ago, Dennis Clay was an resident of The Hissom Memorial Center. Today, Dennis, who has Downs Syndrome and a speech impediment, is a dependable member of the housekeeping hall crew at the Marriott Hotel in Tulsa. He works five days a week, four hours a day and lives in a supervised apartment at the Gateway Foundation, which contracts with Rehabilitation Services to provide supported employment assistance.

"I proud of myself. I got the job, learned to do it right and I make my own money, now," Dennis said. He does a good job according to job coach Mike Baker who works with Dennis. Mike adds that Dennis is methodical and consistent in his work performance and willing to volunteer for new tasks.

Rehabilitation Services counselor Latonia Sanuts, Tulsa, helps Dennis with guidance and counseling. The agency currently funds on-the-job training, on-site job training and other supported employment services provided by Gateway Foundation. Dennis goes to weekly appointments with a speech therapist and enjoys vacations and watching sports with his friends.

Lance E. Wilburn, Shoe Department Worker

As a full-time worker in the shoe department at Goodwill Industries of Tulsa, Inc., Lance Wilburn processes and repairs as many as 200 donated shoes a day for stores in Tulsa, Oklahoma Barnes and Noble Wisdom. According to Sabrina Williams-Ware at Goodwill, Lance is a hard worker with a positive attitude and a big smile from work. The success she said, is a result of his desire, strong family support, vocational rehabilitation counseling and the right job opportunity.

Vocational rehabilitation counselor Rae Jean Rose, Tulsa, provided extensive guidance and counseling services to Lance, who has learning and developmental disabilities. Attention Deficit Disorder with hyperactivity and problems with learning and attention. Rae Jean made arrangements for Rehabilitation Services to fund work adjustment training through Goodwill Industries, which helped Lance gain the skills, experience and self-confidence he needed to become a successful employee.

"He's a good worker," Lance said. "He's dependable and I like coming there." In the shoe department, Lance not only sorts, but also wants to help other people with disabilities. He "It breaks my heart when they have trouble and I want to help." Lance, who lives in his own home and drives to work, also has advice for other jobseekers. "Keep a positive attitude, and do what they say."

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STATE OF OKLAHOMA
DEPARTMENT OF REHABILITATION SERVICES

Jodie Ackley Brinkley, Therapist for Day Treatment

Jodie Ackley Brinkley, who is legally blind, first received assistance from Rehabilitation Services through Rehabilitation Teacher Dennis Williams, Weatherford, who helped her adjust to loss of sight through years of instruction, counseling and encouragement. Jodie also received reading materials in alternative formats and adaptive equipment through the Visual Services Division.

Vocational Rehabilitation Counselor Carol Lackey, Weatherford, provided Jodie with diagnosis and vocational counseling and made arrangements for her to attend Southwestern Oklahoma State University (SWOSU) at Sayre and Weatherford. The agency paid for tuition, fees, books, transportation, reader services and certain adaptive aids and appliances. Jodie, who earned a bachelor's degree in psychology, plans to attend graduate school in the future.

Jodie's husband was very supportive of her educational goals, Carol Lackey said. In fact, if she didn't have a ride to class, he drove her the 40 miles from Elk City to Weatherford before he went to work. Jodie's parents, [illegible] and LaDonna Ackley, are grandparents. Theodore and Helen Wade were also very helpful to her.

The day after Jodie finished her college training with Oklahoma Disability Services in Elk City, the clinic offered her a [illegible] position in its Day Treatment. Kay Estrada, director of Oklahoma Disability Services, said Jodie is the only Day Treatment therapist. Based on Jodie's success, we asked another agency to add person to serve at the center under her supervision.

Arthur "Red" Green, Vending Facility Operator

Arthur "Red" Green had already operated a small snack bar business in his home before he applied for Rehabilitation Services assistance through the Vending Facility Program, which helps people who are blind or visually impaired establish and operate food service businesses in public and private facilities. Red has expanded his business since he began and increased his income.

Rehabilitation Teacher Dennis Williams taught Red how to adjust to the loss of sight by providing special equipment and independent living training. Red's counselors with the Visual Services Division, Oklahoma City, also helped Red during the vending training program. Red learned about recordkeeping, food handling, taxes and business management. In 1988, he began to operate a full-service food service business at the Department of Human Services building in Clinton. Rehabilitation Services helped equip the location and offers ongoing support.

Red said he thinks the vending program is "just wonderful" and credits volunteers his business success secret. "If I'm not in a good mood, I don't come to work." Vending Facility Supervisor Jay Foster, Oklahoma City, said Red must always be in a good mood because he never misses a day at his business in Clinton.

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STATE OF OKLAHOMA
DEPARTMENT OF REHABILITATION SERVICES

James Ingraham, Computer Programmer

After James Ingraham decided to retrain for a new career he was looking [illegible] his daughters. While his vocational rehabilitation counselor at Jane Nicely, Oklahoma City, put the call on hold by providing general and family counseling, [illegible] a new wheelchair, arranging transportation and setting up evaluations and doctor appointments. She also arranged computer programmer training at Oklahoma Goodwill Industries, and paid regular group counseling with James and the students in the program.

Ten months after James' dedication in the classroom paid off. After [illegible] station for a computer services contractor at the Federal Aviation Administration's Mike Monroney Aeronautical Center in Oklahoma City. Eventually, the permanent employee James actually was made the position permanent. James now writes programs for an automated purchasing and inventory system.

James advises others with disabilities, "If you have a dream, don't let [illegible] something and be somebody. If interested, help you. They give you a chance to prove yourself."

Charles Holsington, Stocker

A few years after graduating from the Oklahoma School for the Deaf, [illegible] Charles Holsington moved to the Plainview Job Center. [illegible] Oklahoma City. He received his education from OSD and the courses he [illegible] employment and employment assistance available at [illegible] and [illegible] goals and desire to take care of himself.

The Stocker, Judy Fox Stocker and staff members Williams, Bessie Mobley, Jan Renshaw, David Purdon, Terry Doyle and Judy Penn, Oklahoma City, helped Charles with [illegible] advice on [illegible] and [illegible] Rehabilitation. After he started working for Wal-Mart. As a result of his dedication, and effort on the [illegible] Charles was promoted from assembly position and was [illegible] the night crew, unloading trucks and stocking merchandise.

Today, Charles is employed as a stocker at [illegible] where he and [illegible] and help the new clients. One of his [illegible] become friends and [illegible] Charles after he left OSD and [illegible] Wal-Mart. Charles is also [illegible] by the Wal-Mart management [illegible] and encourage [illegible] and see our store managers come and go. Charles is a role model for other clients and his success inspires others to live and [illegible] community.

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APPENDIX B

Relationship of Level of Rehabilitation Counselor Education to Rehabilitation Client Outcome in the Wisconsin Division of Vocational Rehabilitation

Edna Mora Szymanski

Counselors with master's degrees in rehabilitation counseling or related fields had better outcomes for clients with severe disabilities than counselors who lacked such educational preparation.

Currently, Wisconsin Division of Vocational Rehabilitation (DVR) does not have educational requirements for employment as a rehabilitation counselor. Trends in the employment of rehabilitation counselors by the state-federal vocational rehabilitation (VR) program reflect a deemphasis of educational requirements (Hershenson, 1988; Pankowski & Pankowski, 1974). These lowered job entry requirements persist despite the following developments in the profession that demand greater rehabilitation counselor competence: (a) the growing complexity of the field (Kuehn, Crystal, & Ursprung, 1988; Wright, 1982); (b) the legislative mandate that state-federal VR services be provided by qualified personnel; and (c) the requirement that persons with severe disabilities, who typically need the highest level of professional assistance, be accorded priority for such services (Rehabilitation Act Amendments, 1986).

Lower job entry requirements in Wisconsin resulted from state legislation. Prior to 1977, a master's degree in rehabilitation counseling or a related discipline was required for entry into the Counselor II position. Action of the Wisconsin legislature (i.e., Senate Bill 2) changed this situation, and the resultant state statute removed educational requirements from civil service positions not regulated by professional licensing or registration (R. Hall, personal communication, July 18, 1990). This legislative action affected new hires as well as transfers from other civil service units.

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Research on the relationship of counselor education and client outcome in state vocational rehabilitation agencies has produced mixed results. Szymanski and Parker (1989a, 1989b) recently demonstrated a relationship between level of rehabilitation counselor education and rehabilitation outcome for clients with severe disabilities served by the New York State vocational rehabilitation agency. Their results supported those of earlier studies (e.g., Ayer, Wright, & Butler, 1968; Rubin, Bolton, Krauft, Bozarth, & Richardson, 1974) but contradicted results of a number of studies, including, most recently, Abrams and Tucker (1989). Szymanski, Parker, and Butler (1990) have suggested that research on the relationship of counselor education and client outcome is prone to methodological limitations, including inadequate statistical power, insensitive outcome measures (i.e., dependent variables), inappropriate statistical design, and failure to consider separate outcome patterns for clients with severe disabilities and those with nonsevere disabilities. Szymanski and Danek (in press) demonstrated that the validity of the Abrams and Tucker (1989) study was compromised by these methodological limitations.

The current study is part of a series of modified replications of Szymanski and Parker's (1989a, 1989b) studies. Because of the limitations inherent in individual studies, replications are fundamental to scientific inquiry (Rosnow & Rosenthal, 1989). Additionally, the research was planned to examine the efficacy of the lack of educational requirements for employment in rehabilitation counseling positions in Wisconsin DVR.

METHOD

The methodology employed in the current study was patterned after that of Szymanski and Parker (1989b), with several alterations made to tailor the study to the circumstances of Wisconsin DVR. Specifically, only one of Szymanski and Parker's three dependent variables, competitive closure rate, was used in this study. Two secondary dependent variables (number of competitive closures and number of closures), used in the computation of competitive closure rate, were employed to provide explanation of the nature of differences that might be detected in competitive closure rate.

The decision to eliminate two of Szymanski and Parker's (1989b) variables, number of noncompetitive closures and net case service dollar encumbrances for noncompetitive closures, was based on consideration of the current distribution of rehabilitated closures (i.e., status 26 closures) by work status at closure and recent policies in Wisconsin DVR. The two variables eliminated from consideration had been designed to be sensitive to variance in work status at closure (e.g., competitive employment versus sheltered employment, homemaking, or other work statuses), and the rate of competitive closures in Wisconsin DVR is higher than the national average (L. Mars, personal communication, June 28, 1990; Rehabilitation

Services Administration, 1988a). In addition, Wisconsin DVR has had a relatively long history of policies encouraging competitive rehabilitation closures as opposed to rehabilitation closures in other work statuses (R. Hall, personal communication, June 29, 1990).

Variables

The primary dependent variable, competitive closure rate, was computed as the ratio of rehabilitated closures with a work status of competitive employment to all other closures (including those in closure status 08). This computation removed threats to validity resulting from rival hypotheses that differences, if found, were due solely to differences in overall numbers of closures or numbers of competitive closures. Competitive closure rate was computed separately for clients with severe disabilities (CCRS) and for clients whose disabilities were not classified as severe (CCRN); thus, there were two primary dependent variables.

Components of the computation of CCRS were included as secondary dependent variables to explain the nature of any relationships found between competitive closure rate and level of counselor education; they were (a) number of rehabilitated closures with a work status of competitive employment of clients with severe disabilities (NCMPS), and (b) number of closures of clients with severe disabilities (NCLOS). Similarly, the following components of the computation of CCRN were also included: (a) number of rehabilitated closures with a work status of competitive employment of clients whose disabilities were not classified as severe (NCMPN), and (b) number of closures of clients whose disabilities were not classified as severe (NCLON).

The independent variable was level of rehabilitation counselor education, which was categorized into the following four levels: (a) master's degree in rehabilitation counseling (MRC), (b) related master's degree (RM) (e.g., counseling), (c) bachelor's degree in rehabilitation (BR), and (d) unrelated bachelor's or master's degree, or less than a bachelor's degree (UBM). Years of counselor work experience in rehabilitation counseling with Wisconsin DVR, which was recorded in continuous form, was used as a moderator variable. In other words, although years of experience was not the independent variable of interest, it was included in the design to measure its interrelationship with the independent variable and the dependent variable. Severity of client disability was also considered a moderator variable, because dependent variables were computed separately for clients with severe disabilities and those whose disabilities were not classified as severe. Severity of disability was defined according to Rehabilitation Services Administration (RSA) policies, which are implemented in state vocational rehabilitation agencies (RSA, 1988b).

Hypotheses

It was expected that MRCs would have higher competitive closure rates of clients with severe disabilities than counselors with other levels of education. It was also expected that no significant differences among counselor education levels would be found for competitive closure rates of clients whose disabilities were not classified as severe. The hypotheses for this study, stated in the null form, were:

1. There is no relationship between level of rehabilitation counselor education and competitive closure rate of clients with severe disabilities.
2. There is no relationship between level of rehabilitation counselor education and competitive closure rate of clients with nonsevere disabilities.

Procedure

Two sources of data were used for this study. Data on counselor education and experience were obtained through questionnaires administered by the DVR central office to all field counseling staff. The questionnaire included the following information: counselor identification number, job title, years of experience in that job title, and education (including degree and major). Client data were obtained from a tape of the DVR client database.

Participants

The participants for this study were individuals employed by Wisconsin DVR in rehabilitation counseling positions and the DVR clients whose cases they closed during the fiscal year period from October 1, 1988 to September 30, 1989. During that period, 217 counselors closed 15,324 cases. Descriptive data on client severe disability status, closure status, and work status at closure of rehabilitated clients are presented in Table 1.

A total of 187 questionnaires were returned for a response rate of 86%. It should be noted that counselors who had recently left the agency or been reassigned were still listed on the client database. Thus, the actual response rate was higher than 86%. A total of 36 counselors were eliminated from consideration for one or more of the following reasons: (a) work experience of less than one year, (b) a temporary job title, (c) a job title that included rehabilitation teaching with clients with visual impairments, (d) a job title of coordinator, or (e) an unusable questionnaire. An additional 9 counselors were removed from consideration because they had less than 10 total closures during the fiscal year under consideration.

TABLE 1

Closure Status and Work Status at Closure by Severe Disability Status for Fiscal Year 1989

Status	Severely Disabled	Not Severely Disabled	Disability Status Not Known*	Total
Total caseload	9199	2811	3314	15324
Closure statuses				
08 not accepted[b]	2175	35	3314	5525
26 rehabilitated[c]	3895	1686	0	5581
28 not rehabilitated[d]	2083	715	0	2798
30 not rehabilitated[e]	1046	374	0	1420
Work status at closure for Status 26 closures				
Competitive employment	3191	1634	0	4825
Sheltered employment	77	9	0	86
Self-employed	224	32	0	256
BEP[f]	9	1	0	10
Homemaker	315	8	0	323
Unpaid family worker	5	1	0	6
Not working other	2	0	0	2
Trainee	1	0	0	1
Supported employment	71	1	0	72

*Complete disability-related information is not available for all clients closed from applicant status; thus, some are closed without a determination of severity of disability.
[b]Closure Status 08 = not accepted for vocational rehabilitation services.
[c]Closure Status 26 = closed rehabilitated.
[d]Closure Status 28 = closed, not rehabilitated after implementation of an individual written rehabilitation plan.
[e]Closure Status 30 = closed after determined eligible for vocational rehabilitation services but before implementation of an individual written rehabilitation plan.
[f]BEP = state agency managed business enterprise.

The resultant participant sample was composed of 144 Wisconsin DVR counselors and the 11,862 clients whose cases they closed during fiscal year 1989. There were 57 counselors with master's degrees in rehabilitation counseling (MRC), 33 with related master's degrees (RM), 10 with bachelor's degrees in rehabilitation (BR), and 44 with unrelated bachelor's or master's degrees or less than a bachelor's degree (UBM). Mean years of work experience were 14.74 for MRCs (SD=6.80), 15.06 for RMs (SD=7.69), 5.90 for BRs (SD=3.84), and 11.89 for UBMs (SD=8.06).

Research Design and Data Analysis

The research design was quasi-experimental with statistical control rather than variable manipulation (Bolton & Parker, 1987). Random assignment of clients to counselors was not assumed; however, it should be noted that counselor education was not normally a factor in client assignment.

(R. Hall, personal communication, June 29, 1990). Differences in years of DVR experience among counselors with varying levels of education were considered by inclusion of years of experience as a moderator variable in the design. The specific computation of competitive closure rates (CCRS and CCRN) removed potential confounding influences from different numbers or varying percentages of clients with severe disabilities on the caseloads.

An aptitude treatment interaction (ATI) statistical design (Borich, 1986; Pedhazur, 1982) was used for data analysis. This design was chosen because it was suspected that the relationship between years of counselor work experience and the dependent variables could vary across different levels of counselor education. Such variation (i.e., heterogeneity of group regressions) mitigates against the valid use of analysis of covariance (Borich, 1986; Szymanski, Parker, & Borich, 1990).

The ATI analyses result in determination of regions of significance, which are ranges of the moderator variable (i.e., years of DVR rehabilitation counseling experience) over which the group regressions of the dependent variable on the moderator variable differ significantly between levels of counselor education. Specific F and p values are not reported for ATI analyses; the Johnson-Neyman technique for computing regions of significance sets a specific alpha level and computes those values of the moderator variable over which the levels of the independent variable differ at or beyond that level of significance (Borich, 1986; Pedhazur, 1982; Szymanski, Parker, & Borich, 1990).

Borich, Godbout, and Wunderlich's (1976) ATILIN1 program was used for pairwise comparisons among counselors with different levels of education for the regressions of each dependent variable on years of counselor DVR work experience. The effect sizes (R^2) for each dependent variable were computed through the SPSS regression program (Norusis, 1988) with a nonadditive multiple regression model (Pedhazur, 1982), which included product vectors to account for the interaction of level of counselor education and counselor years of DVR work experience.

As recommended by Cohen (1988) and Lipsey (1990) a statistical power estimation was conducted in advance of the data analyses to determine the appropriate alpha level for hypothesis testing under conditions of a fixed sample size. Borenstein and Cohen's (1988) computer program was used to estimate statistical power for the nonadditive multiple regression model for an estimated sample size of 150. The R^2 values of .05 and .10 yielded power estimates of .48 and .85 for alpha of .05 and estimates of .85 and .91 for alpha of .10. Effect sizes of competitive closure rate for clients with severe disabilities have been low: .03 (Szymanski & Parker, 1989b) and .04 (Szymanski & Danek, in press). Such low observed effect sizes, which are common in treatment effectiveness research due to uncontrolled variance from counselor and client characteristics, require

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specific consideration to ensure adequate statistical power in hypothesis testing (Lipsey, 1990). All analyses were therefore planned at the .10 alpha level.

In addition, pairwise ATI analyses with the BR group were not planned because two factors threatened statistical conclusion validity (see Cook & Campbell, 1979) to the extent that results would have been invalid. These factors were (a) low statistical power (.41 or less with estimated R^2 of .10 and alpha of .10) for such comparisons and (b) the relatively small size of the BR group in comparison with the other groups.

RESULTS

Results of the nonadditive multiple regression of each dependent variable on level of counselor education and years of rehabilitation counseling experience in DVR are presented in Table 2. The Y intercepts and unstandardized regression coefficients indicate the regression equations for each level of counselor education. Changes in the signs of the coefficients for the secondary dependent variables support suspicions of some heterogeneity of group regressions. Statistically significant regressions were found for CCRS $F(7, 135)=2.08$, $p=.05$, and NCMPS, $F(7,135)=2.88$, $p=.01$, with effect sizes (R^2) of .10 and .13 respectively. In other words, the combination of level of counselor education and years of DVR experience accounted for 10% of the variance of competitive closure rate for clients with severe disabilities (CCRS) and 13% of the variance of number of rehabilitated (status 26) closures with competitive employment work status of clients with severe disabilities (NCMPS). The probability that these relationships resulted from chance was less than 10% (for CCRS, $p=.05$; for NCMPS, $p=.01$). The regression *df* of 7 reflects the combination of the coded vectors for the interaction of level of education and years of experience. Significant relationships with level of counselor education and years of DVR experience were not found for the other dependent variables (i.e., CCRN, NCLOS, NCLON, NCMPN).

As indicated in Table 3, regions of significance (alpha=.10) were found for the comparisons of counselors with master's degrees in rehabilitation counseling (MRCs) and counselors with unrelated bachelor's and master's degrees or less than a bachelor's degree (UBMs), and for the comparisons of counselors with related master's degrees (RMs) and UBMs on the dependent variables CCRS and NCMPS. Specifically, MRCs had higher competitive closure rates of clients with severe disabilities from 1 to 14.17 years and higher numbers of competitive closures of clients with severe disabilities from 1.97 to 19.50 years than did their UBM colleagues. Similarly, RMs had higher competitive closure rates of people with severe disabilities from 1 to 13.53 years and higher numbers of competitive closures

TABLE 2

Group Means and Regressions of Dependent Variables on Years of Vocational Rehabilitation Work Experience (YRSVR*)

Dependent Variable	Counselor Educational Level	n†	M‡	Y Intercept	Unstandardized Regression Coefficient	R^2 or η^2
Competitive closure rate for clients with severe disabilities (CCRS)*	MRC	57	0.39	0.24	0.02	.1
	RM	33	0.48	0.34	0.02	.274
	BR	10	0.34	0.23	0.02	.16
	LBM	43	0.34	0.26	0.00	.0
Competitive closure rate for clients whose disabilities are not classified as severe (CCRN)	MRC	55	0.30	0.25	0.00	.0
	RM	31	0.32	0.32	0.00	.01
	BR	9	0.27	0.30	0.00	.0
	LBM	41	0.27	0.23	0.00	.0
Total number of closures of clients with severe disabilities (NCLOS)	MRC	57	51.46	46.5	0.46	.17
	RM	33	52.33	37.44	0.46	.162
	BR	10	42.50	41.43	0.85	.1
	LBM	44	45.11	37.59	0.63	
Total number of closures of clients whose disabilities are not classified as severe (NCLON)	MRC	56	33.57	33.13	0.03	.02
	RM	32	34.41	34.03	0.02	.017
	BR	9	33.67	31.71	0.04	.03
	LBM	43	34.67	33.91	0.14	
Number of rehabilitated closures in competitive employment of clients with severe disabilities (NCMPS)	MRC	57	8.56	5.26	0.33	.12
	RM	33	8.76	7.31	0.16	2.68
	BR	10	6.00	7.16	-0.76	.07
	LBM	43	7.4	10.88	0.26	

Number of rehabilitated closures in competitive employment of clients whose disabilities are not classified as severe (NCMPN)	MRC	53	8.11	8.21	0.01	.03
	RM	31	7.39	8.31	0.14	.1 64
	BR	9	6.89	10.28	-0.25	.46
	LBM	41	9.46	9.52	0.16	

* Overall group means for YRSVR were 14.74 for MRCs, 15.06 for RMs, 5.90 for BRs, and 11.49 for LBMs.

† n = the number of counselors in each group. Variation in n across dependent variables results from missing data on some of the dependent variables.

‡ M = the mean for the dependent variable for that group.

§ R^2, which is the amount of variance in the dependent variable accounted for by the independent variable and the moderator variable (YRSVR), and η^2 were computed using the non additive regression model to account for the interaction of level of counselor education with YRSVR in each of the dependent variables.

¶ CCRS is computed as the ratio of Status 26 closures in competitive employment to all closures of clients with severe disabilities.

MRC = master's degree in rehabilitation counseling.

RM = related master's degree.

BR = bachelor's degree in rehabilitation.

LBM = unrelated bachelor's and master's degrees or less than a bachelor's degree.

CCRN is computed as the ratio of Status 26 closures in competitive employment to all closures of clients whose disabilities are not classified as severe.

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TABLE 3

Regions of Significant Difference Between Levels of Rehabilitation Counselor Education for Regressions of Dependent Variables on Years of Vocational Rehabilitation Work Experience

Dependent variable	Comparison		
	MRC[a] vs. RM[b]	MRC vs. UBM[c]	RM vs. UBM
Competitive closure rate for clients with severe disabilities (CCRS)[d]	NS[f]	1.20–14.17 years	1.20–10.53 years
Competitive closure rate for clients whose disabilities are not classified as severe (CCRN)[e]	NS	NS	NS
Total number of closures of clients with severe disabilities (NCLOS)	NS	NS	NS
Total number of closures of clients whose disabilities are not classified as severe (NCLON)	NS	NS	NS
Number of rehabilitated closures in competitive employment of clients with severe disabilities (NCMPS)	NS	1.87–13.52 years	1.00–12.95 years
Number of rehabilitated closures in competitive employment of clients whose disabilities are not classified as severe (NCMPN)	NS	NS	NS

Note: Comparisons of the master's degree in rehabilitation counseling (MRC) and the bachelor's degree in rehabilitation (BR) groups were not performed because of the very small number in the BR group, which resulted in unacceptable threats to statistical conclusion validity. All comparisons were made at alpha = .10 based on Cleary-Hilu statistical power estimation. Post-alpha comparisons at alpha = .05 did reveal regions of significance, albeit somewhat attenuated, for the same comparisons that revealed significance at the .10 level.

[a] MRC = master's degree in rehabilitation counseling.

[b] RM = related master's degree.

[c] UBM = unrelated bachelor's or master's degrees or less than a bachelor's degree.

[d] NS = regions of significant difference were not found.

[e] Counselors with less than 1 year of work experience were not included in the study.

[f] CCRS is computed as the ratio of Status 26 closures in competitive employment to all closures of clients with severe disabilities.

[g] CCRN is computed as the ratio of Status 26 closures in competitive employment to all closures of clients whose disabilities are not classified as severe.

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of people with severe disabilities from 1 to 13.91 years. No other regions of significance were found for the MRC and UBM comparisons or for the RM and UBM comparisons. No regions of significance were found for the MRC and RM comparisons.

DISCUSSION

The data analyses performed in this study provided evidence of a relationship between level of rehabilitation counselor education and competitive closure rate of clients with severe disabilities. Regions of significance revealed in the ATI analyses indicated that MRCs had significantly higher CCRSs than UBMs over 13 years of DVR experience and that RMs performed significantly better than UBMs over 9 years of experience. The explanatory ATI analyses with the secondary dependent variable, NCMPS, indicated that this difference may be due in part to higher numbers of competitive closures of people with severe disabilities.

The results of this study appear to clearly indicate that Wisconsin DVR counselors with master's degrees in rehabilitation counseling or related master's degrees demonstrate better rehabilitation outcomes with clients with severe disabilities than do their colleagues with unrelated bachelor's or master's degrees or less than a bachelor's degree education. The span of the ATI regions of significance indicates that these performance differences do not dissipate quickly. Therefore, it appears that clients with severe disabilities who are served by UBM counselors with less than 10 years of experience, are at greater risk of inadequate rehabilitation service.

The effect size for the CCRS variable was larger in this study (.10) than in the New York study (.03) (Szymanski & Parker, 1989b) and the Maryland study (.04) (Szymanski & Danek, in press). It is speculated that this difference may be due in part to Wisconsin's proactive agency policy emphasizing competitive closures and limiting possibilities for noncompetitive closures. This would mean that those with relevant educational preparation were more able to conform to agency goals than their colleagues who lacked such preparation. In addition, it is speculated that higher educational variation within the UBM level may have added to the observed effect size. In New York and Maryland, the minimum education requirement for employment in rehabilitation counseling positions is a bachelor's degree; whereas, in Wisconsin, there is no minimum educational requirement.

Performance differences for counselors with bachelor's degrees in rehabilitation could not be examined in this study because of the small size of that group (n=10). It is recommended that future studies in Wisconsin and in other states be conducted to determine if the performance

of this group is significantly different from that of counselors with other levels of education.

As with any research, the limitations of this study should be considered in application and interpretation. Only relationship, and not causality, can be inferred from this study, because internal validity was limited by the fact that variables were statistically controlled rather than manipulated. External validity was limited by the single state, single setting sample. Although one cannot generalize directly from this study to other states, the combined results of this research and previous research on other states (Szymanski & Parker, 1989b; Szymanski & Danek, in press) have suggested a trend toward generalizing within state-federal VR programs. However, generalization beyond the state-federal VR program is not warranted.

The change in alpha from the traditional .05 level to the .10 level meant that, for hypothesis testing, the probability that differences resulted from chance was .10 rather than .05. Although this constitutes a limitation, the use of the .05 level would have resulted in a greater limitation to statistical conclusion validity by decreasing probability that existing differences would be detected (i.e., decreasing statistical power). Although preanalysis power estimation and alpha adjustment (e.g., use of the .10 alpha level) are recommended procedures in situations of fixed sample sizes (Cohen, 1988; Lipsey, 1990), Rosnow and Rosenthal (1989) have suggested that many individuals continue to consider the .05 alpha level to be unquestionable. Postanalysis ATI comparisons were, therefore, performed at the .05 alpha level. The same comparisons, which yielded regions of significance at alpha of .10, yielded similar, albeit slightly attenuated, regions at alpha of .05.

Statistical conclusion validity is still limited by the slight elevation of the probability of Type *I* error above the established level of .10, resulting from three pairwise comparisons for each dependent variable. This slight elevation was considered acceptable, because traditional alpha reduction procedures would have resulted in low statistical power (approximately .51 for the largest comparison [MRC versus UBM] at R^2 of .10) and corresponding unacceptable elevations in the probability of Type II error (to approximately .49 for that comparison).

In summary, this research, in combination with the studies of Szymanski and Parker (1989a, 1989b) and Szymanski and Danek (in press), demonstrated a relationship of rehabilitation counselor education and rehabilitation outcome for clients with severe disabilities in three state vocational rehabilitation agencies (Wisconsin, Maryland, and New York) in three different federal regions. Thus, there is reason to suspect that this relationship may exist in other state vocational rehabilitation agencies as well. Additional replications in different state vocational rehabilitation agencies are required to document the extent of the relationship of rehabilitation counselor education to client outcome in the state-federal vocational rehabilita-

tion program. Research is also needed to establish the relationship of rehabilitation counselor education to client outcome in other settings, especially in the rapidly growing private sector.

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Relationship of Rehabilitation Client Outcome to Level of Rehabilitation Counselor Education

Edna Mora Szymanski

Randall M. Parker

The relationship between rehabilitation client outcome and level of rehabilitation counselor education was examined in a state VR agency. Outcomes were examined separately for clients with severe disabilities and those whose disabilities were not severe. For clients with severe disabilities, master's degree rehabilitation counselors (MRCs) achieved significantly better outcomes than their counterparts with bachelor's and unrelated master's degrees (B-UM). No significant group differences were found between MRCs and counselors with related master's degrees (RMs) although outcomes for the RM group were consistently between those of the MRC and B-UM groups. For clients with non-severe disabilities, there were no significant outcome differences among the counselor education levels.

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Section 101(a)(7)(B) of the Rehabilitation Act was amended to require delivery of rehabilitation services by "qualified personnel" (Rehabilitation Act Amendments, 1986), however, debate continues regarding the definition of the term "qualified" (Graves, Coffee, Habeck, & Strube, 1987; Walker & Myers, 1988). Presently, state vocational rehabilitation agencies typically hire individuals with varied types and levels of college degrees and work experience as rehabilitation counselors (Hershenson, 1988; Kuehn, Crystal, & Ursprung, 1988).

The variation in rehabilitation counselor hiring criteria may reflect the fact that although the rehabilitation counselor has been recognized as the major agent of the state/federal vocational rehabilitation (VR) program (Bolton, 1987), little research has shown a positive relationship between rehabilitation counselor competence and service outcomes for rehabilitation clients (Rubin & Beardsley, 1987). Some early studies did demonstrate connections between counselor characteristics or behaviors and client perceptions or outcomes (e.g., Aver Wright, & Butler, 1968; Jenkins, West, & Anderson, 1975; Rubin, Bolton, Krauft, Bozarth, & Richardson, 1974), however, more recent studies have been unable to establish relationships between counselor education and client outcome in state vocational rehabilitation (VR) agencies (e.g., Danek, 1978; Emener, 1980; Giesen & McBroom, 1986). Although these studies provided the foundation for the current study, the relative paucity of empirical evidence relating rehabilitation counselor education to rehabilitation client outcome may be more from methodological limitations rather than the actual absence of such a relationship. Potential limitations may have arisen from: (a) inadequacy of outcome measures, (b) different outcome patterns for clients with severe disabilities as opposed to those whose disabilities are classified as non-severe, and (c) failure to account for the potential interactive relationship of counselor education with counselor work experience in relation to client outcome.

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The traditional "26 closure" criterion, although often used in previous research, has been criticized as a limited outcome measure (Bolton, 1987; Wails & Tseng, 1987), which does not include the following available VR information: (a) type of employment at closure (i.e., competitive employment, sheltered employment, homemaking) (Cook & Cooper, 1979), (b) relative probability of rehabilitation (i.e., rehabilitation rate), and (c) cost of service delivery. Consideration of such additional information reveals different outcome patterns for persons with severe disabilities as contrasted with their peers whose disabilities are classified as non-severe. In 1985, only 73.3% of rehabilitated persons meeting the Rehabilitation Services Administration (RSA) definition for severe disability entered competitive employment as compared with 89.7% of rehabilitants with non-severe disabilities. In addition persons with severe disabilities were less likely to be rehabilitated than their counterparts with non-severe disabilities (overall rehabilitation rates of 62.2% vs. 67.4%) and more costly to serve (RSA, 1988).

An additional confounding factor has been the interactive relationship of years of counselor work experience with rehabilitation counselor education in relation to client outcome. Wright, Leahy, & Rendessel (1987) suggested a relationship between years of experience and counselor perceived competency. Jenkins, West, and Anderson (1975) and Graves, Bagley, and Chen (1985) suggested a relationship between years of counselor work experience and client outcome. Additionally, Kunce, Thoreson, and Parker (1975) suggested that the relationship of counselor experience to client outcome might be complicated by selection of male counselors with master's degrees in rehabilitation counseling who had high general ability test scores out of direct service positions to administration earlier in their careers than females or males with lower scores.

A preliminary study by Szymanski and Parker (1989) addressed the above sources of potential limitations and demonstrated a significant relationship between level of counselor education and client outcome for clients with severe disabilities in one state vocational rehabilitation agency. Although the current study focused on the same state VR agency, it was much broader in scope. The preliminary study included only clients with severe disabilities and only one dependent variable. The current study, although it involved the same state VR agency and the same type of research design (aptitude-treatment-interaction), differed in the following ways:

1. All closures were considered, not just those of clients with severe disabilities.

2. Severity of client disability was used to partition the sample so that outcomes could be compared for the two client groups (clients with severe disabilities and those with non-severe disabilities).

3. Three dependent variables were considered. Thus, the current study afforded a much more detailed investigation of the relationship between rehabilitation client outcome and rehabilitation counselor education than the previous study which was preliminary in nature. The nature of the current findings, which are described in the following sections, further support the potency of the methodological limitations discussed in this section.

Method

Participants

Participants in this study were counselors employed by the New York State Office of Vocational Rehabilitation (NYSOVR) and their clients whose cases were closed during the period from April 1, 1986 to March 31, 1987. During the Fall of 1987, a routine questionnaire was sent by the NYSOVR staff development and training office to professional field staff to determine job title, educational attainment, area of concentration, certification status, years of agency work experience, and specialty caseload experience. Agency assigned counselor identification numbers, rather than names, were used to identify respondents and match counselor data with client data. Usable questionnaires were obtained from 273 of 360 caseload carrying counselors (a 76% response rate); however, the further match of counselor data with client closure data resulted in only 238 complete counselor profiles (66%). These 238 counselors closed a total of 19,114 clients during the reporting period, including 8,908 who were classified as severely disabled.

Counselors were categorized into one of three groups according to level of education: (a) master's degrees in rehabilitation counseling (MRCs), (b) related master's degrees (RMs), or (c) bachelor's and unrelated master's degrees (B-UMs). Master's degrees considered related included guidance and counseling, agency counseling, and any counseling or special education related disciplines. Level of rehabilitation counselor education was distributed as follows: 122 MRCs, 52 RMs, and 64 B-UMs. Counselor years of agency work experience ranged from less than one year to 30 years with the following group means for each counselor educational category: MRCs 11.6, RMs 10.9, and B-UMs 12.0 years.

Variables

The independent variable was level of counselor education. Length of counselor agency work experience was considered a mediating variable. Severity of client disability, a dichotomous variable, was used to partition the client sample into two mutually exclusive groups (clients with severe disabilities and clients with non-severe or non-classified disabilities). The following dependent variables (DVs) were chosen for analysis: (a) competitive closure rate (CCR), which was computed from the ratio of competitive employment status 26 closures to all closures including status 26 (rehabilitated) closures, and closure statuses 08 (closed from applicant status), 30 (closed before individual written rehabilitation plan [IWRP] initiated), and 28 (closed not rehabilitated after IWRP initiated); (b) number of non-competitive closures (NCC), which was computed as the sum of all closures in statuses 08, 28, and 30 added to the sum of status 26 homemaker and sheltered employment closures; and (c) net case service encumbrances (ENCUM), which was the per counselor, total of case service dollar encumbrances for cases

which were closed non-competitive during the reporting period.

Data Analysis

The following null hypotheses were tested using an aptitude-treatment-interaction (ATI) design (Borich, 1986; Pedhazur, 1982) which controlled for years of counselor work experience by inclusion in the design. There are no differences between MRCs and RMs or MRCs and B-UMs on the following measures:

1. CCR for clients with severe disabilities.
2. CCR for clients with non-severe disabilities.
3. NCC of clients with severe disabilities.
4. NCC of clients with non-severe disabilities.
5. ENCUM for non-competitive closures of clients with severe disabilities.

The ATI design employs the Johnson-Neyman technique to determine regions of statistically significant difference between the regression lines of two groups for a dependent variable while controlling a mediating variable (Pedhazur, 1982). Borich, Godbout, and Wunderlich's (1976) ATILINP computer program was used to perform the ATI analyses. Where significant differences between the groups were found, the results were reported as regions of significance, that is, the range of years of work experience within which the difference between the two educational groups was statistically significant.

Results

The unstandardized regression coefficients and Y intercepts for the regression equations indicating the relationship of the dependent measures to counselor years of agency work experience for each level of rehabilitation counselor education are reported in Table 1. These equations were used in the pairwise ATI comparisons which are reported in Table 2.

The three analyses which addressed service delivery outcomes for clients with severe disabilities all yielded significant results. No significant results were obtained in the two analyses which measured service delivery outcomes for persons with non-severe disabilities. The MRC counselors were shown to have significantly higher CCRs for clients with severe disabilities than B-UM counselors from the beginning of their agency service through 10.48 years of tenure. The difference between the MRC and RM counselors on CCR for clients with severe disabilities failed to reach statistical significance through the range of counselor years of agency experience, although the performance of the RMs remained lower than that of the MRCs through 14 years of agency tenure. In both of the CCR comparisons the regression lines for the two groups intersected well within the range of data, indicating disordinal interactions.

MRCs were found to have significantly fewer NCCs of clients with severe disabilities than their B-UM counterparts from 4.54 through 14.89 years of agency experience. The lower boundary of 4.54 years may be the result of counselors being assigned smaller caseloads in the beginning of agency service. The group difference between MRCs and RMs failed to reach statistical significance in the same comparison, although MRCs had fewer NCCs than RMs through 14 years of agency experience.

MRC counselors were found to have significantly lower ENCUMs for non-competitive closures of clients with severe disabilities than their B-UM counterparts from the beginning of agency service through 14.84 years. As in the previous comparisons, the group difference between MRCs and RMs failed to reach statistical significance on the same dependent measure, although the MRCs had lower ENCUMs than the RMs throughout the range of counselor work experience. Comparisons of the MRC group with both the B-UM and RM groups failed to reach statistical significance on either of the comparisons addressing service delivery to clients with non-severe disabilities. Thus, no group differences were found in

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Outcomes

The Relationship of Rehabilitation Counselor Education to Rehabilitation Client Outcome: A Replication and Extension

Edna Mora Szymanski

Marita M. Danek

The topic of this research was the relationship of level of rehabilitation counselor education to rehabilitation client outcome in the state-federal vocational rehabilitation program. Participants were 100 Maryland Division of Vocational Rehabilitation (DVR) counselors and the clients whose cases they closed during the fiscal year from October 1, 1988 to September 30, 1989. An aptitude treatment interaction statistical design was used to examine pairwise comparisons among counselors with master's degrees in rehabilitation counseling (MRCs), counselors with related master's degrees (RMs), and those with unrelated bachelor's or master's degrees (UBMs) with consideration of the potential interactive relationship of level of counselor education and years of work experience. An alpha level of .10 was used to raise statistical power to an acceptable level despite the small sample size. MRCs were found to have higher rates of competitive outcomes for clients with severe disabilities and to be more cost efficient in their service to these individuals when compared with their UBM colleagues.

The relationship between rehabilitation counselor education and rehabilitation client outcome in state vocational rehabilitation agencies has been an issue of ongoing interest (Ayer, Wright, & Butler, 1968; Rehabilitation Brief, 1990). The Rehabilitation Act has supported training of rehabilitation counselors at the master's degree level since 1954 (Rubin & Roessler, 1987; Wright, 1980), and The Act currently requires that vocational rehabilitation (VR) services be delivered by qualified personnel (Rehabilitation Act Amendments, 1986). However, over the past two decades, while the complexity of rehabilitation counseling has increased, some VR agencies have de-emphasized counselor education (Henderson, 1988; Pankowski & Patterson, 1974). During the same period the literature has reflected discussions about whether rehabilitation counseling, as practiced in state VR agencies, is a profession or a job title (Patterson, 1989) and debates about the meaning of the term qualified in reference to rehabilitation personnel (Grates, Coffee, Habeck, & Stude, 1987; Walker & Myers, 1988; Wright, 1982). The current study addresses some of these issues through an examination of the relationship of rehabilitation counselor education to client outcome in the Maryland Division of Vocational Rehabilitation (DVR).

Despite its importance to both rehabilitation counseling theory and state-federal rehabilitation policy, the utility of research on rehabilitation counseling outcomes has been obscured by inherent complexity and potential for flaws in methodology and interpretation (Szymanski, Parker, & Butler, 1990). Although some studies demonstrated relationships between counselor characteristics or behaviors and client perceptions or outcomes (e.g., Ayer, Wright, & Butler, 1968; Jenkins, West, & Anderson, 1975; Rubin, Bolton, Krauft, Bozarth, & Richardson, 1974; Szymanski, in press; Szymanski & Parker, 1989a), other studies were unable to detect such relationships (e.g., Abrams & Tucker, 1969; Danek, 1979; Emener, 1980). We will, therefore, precede the description of the current study with a brief discussion of past research.

of experience, the lower cumulative expenditures for non-competitive closures of persons with severe disabilities from 2.3 through 12.5 years of experience, (c) higher cumulative expenditures for non-competitive closures of clients whose disabilities were not classified as severe from the beginning of agency service through 19 years of experience, (d) lower numbers of persons with severe disabilities closed in sheltered employment from 2.3 through 26 years of agency service, and (e) lower cumulative expenditures for all non-competitive closures from 4.2 through 26 years of experience. No other regions of significant difference were found for the comparison of MRCs with LBMs.

Regions of Significant Difference between Levels of Rehabilitation Counselor Education for Regressions of Dependent Variables on Years of Vocational Rehabilitation Work Experience

Table 3

The comparisons of MRCs with RMs revealed only one region of significant difference. MRCs had fewer Status 08 closures of persons with severe disabilities from 4.1 through 10 years of agency service.

The comparison of RMs with LBMs revealed that RMs (a) had lower cumulative expenditures for non-competitive closures of clients whose disabilities were not classified as severe from 6.7 through 14 years of experience and (b) lower cumulative expenditures for all non-competitive closures from 4.2 through 26 years of experience. No other regions of significant difference were found for the comparison of RMs with LBMs.

Discussion

The results of the one-way analyses of variance of the total number of closures and the number of closures of persons with severe disabilities did not allow rejection of the rival null hypothesis. Although a tendency existed, similar to that found by Xiver, Wright and Butler (1988), for non-MRCs to process more cases than MRCs, the differences were not significant. Thus, numbers of closures could not be assumed to account for differences found among the comparison groups on the other dependent variables.

The results of this study demonstrate that Maryland DVR counselors with master's degrees in rehabilitation counseling have higher rates of competitive outcomes and are more cost efficient than their colleagues with unrelated bachelor's and master's degrees in their service to people with severe disabilities. The results also demonstrate that both counselors with master's degrees in rehabilitation counseling and those with related master's degrees are more cost efficient in overall service delivery than their colleagues with unrelated bachelor's and master's degrees.

The study results related to service delivery to clients with severe disabilities essentially replicated Szymanski and Parker's (1989) New York State results. Although there were some differences in regions of significance, the effect sizes were remarkably similar for the composite variables. Szymanski and Parker (1989b) found R2s of .03, .07, and .05 respectively for CCRS, NCOSD, and NCEXSD. Effect sizes found in this study were .04 for CCRS, .08 for NCOSD, and .05 for NCEXSD.

The secondary analyses in the study further quantified the cost-benefit result and provided some explanation of the nature of group differences. Both MRCs and RMs were found to be more cost efficient than LBMs, and these differences did not dissipate with time. In addition MRCs had fewer sheltered employment closures of persons with severe disabilities than LBMs and fewer Status 08 closures of persons with severe disabilities than RMs.

We suspect that the omission of earlier years from some regions of significance reflects the time it takes for caseloads to reach maturity. In other words, during the early years of a counselor's tenure with the agency, caseload sizes may be small and group differences obscured. The Szymanski and Parker (1989b) study revealed a similar phenomena. The CCRS variable was designed to eliminate some of the effect of the different caseload sizes, thus possibly accounting for early regions of significance of this variable in both previous and current studies.

The effect sizes, which are the amounts of variance in the dependent variables accounted for by the relationships with the independent variables, are in Cohen's (1988) small effect size range. However, recall from the earlier discussion that uncontrolled variance in the design (e.g., client characteristics, service variables) attenuates effect sizes, so that what may really be a medium or a large effect can be seen as a relatively small effect. Variance due to client characteristics is known to be a potent factor in rehabilitation outcome studies (Bolton, 1987; Vandergoot, 1986; Wallis & Tseng, 1987). Such variance most likely serves to reduce the observed effect size in studies of the relationship of rehabilitation counselor education to rehabilitation client outcome. Thus, it is likely that the actual relationship

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between rehabilitation counselor education and rehabilitation client outcome in Maryland DVR is larger than that observed in this study.

The research design addressed potential threats to validity from inadequate preoperational explication of constructs (Cook & Campbell, 1979, p. 64-65) through construction of three complementary dependent variables designed with considerable overall quality of rehabilitation counseling service. The replication of the New York results extends the external validity of the study to a limited degree within the state VR agency framework. However, the study results are not generalizable beyond the state/federal VR system. It will be important for future research efforts to address this limitation.

Additional threats to validity resulted from use of the .10 alpha level and three pairwise comparisons, which elevated the probability of Type I error, i.e., the possibility that the observed differences resulted from chance. However, the alternative alpha level of .05 would have resulted in such low statistical power (less than .50) that the results would have been invalid. In situations like this, replication is recommended to continue to establish the validity of the pattern of results. It should be noted that this study is a partial replication and extension of earlier research; thus, the threat to validity imposed from a slight elevation of Type I error is not as serious as it would have been without the earlier study.

A further limitation resulted from the quasi-experimental nature of the design of this study, which did not allow proof of cause and effect. Thus, it is possible that level of counselor education served as a marker variable for another variable not included in the design (e.g., commitment to rehabilitation counseling). If this is the case, one would not expect as positive results from providing MRC training to currently employed counselors as one would expect from hiring new MRCs as openings arise. Nonetheless, because there is evidence of a relationship between level of rehabilitation counselor education and outcome for clients with severe disabilities, both strategies should be explored.

The intent of the state/federal vocational rehabilitation system is to provide positive outcomes for eligible persons with disabilities. However, not every contingency in the system can be controlled to produce such outcomes. For example, it is obviously not possible or desirable to control client characteristics in order to increase positive VR outcomes. Nonetheless, it is possible to control counselor characteristics, particularly counselor education, through hiring criteria. It is also possible to control the effects of counselor characteristics through differential assignment of clients with severe disabilities to counselors with master's degrees in rehabilitation counseling.

In conclusion, the results of this research show a relationship between rehabilitation counselor education and rehabilitation outcome for clients with severe disabilities in Maryland DVR. Counselors with master's degrees in rehabilitation counseling achieve higher rates of competitive outcomes and are more cost efficient than their colleagues with unrelated bachelor's and master's degrees.

The results of this study replicate those of Szymanski and Parker's (1983b) research in the New York State VR agency and are similar to those of Szymanski's (in press) research in the Wisconsin agency. The complexities of this type of research, which was discussed in this article, has prevented some earlier studies from revealing similar results. However, at this time, an emerging trend in the research suggests policy implications for state rehabilitation agencies. For example, the prospect of rising federal and state deficits and a federal tax increase will certainly increase taxpayer pressure on public programs to demonstrate greater cost efficiency. This research suggests that hiring master's level rehabilitation counselors to provide services to clients with severe disabilities could be a cost effective management practice and could also provide these clients with more competitive employment closures.

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APPENDIX C

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February 16, 1993

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National Rehabilitation Association
633 South Washington Street
Alexandria, VA 22314

Dear Dr. Tourigny:

It was a pleasure discussing with you in Louisville, Kentucky last week the critically important role vocational evaluation plays in the successful delivery of vocational rehabilitation services. To support this statement I would like to address several key points in this letter. 1) contemporary changes in the practice of vocational evaluation and assessment, 2) research supporting the effectiveness of vocational evaluation services, 3) the impact of education and certification on vocational evaluators and the quality of service delivery, and, 4) recommendations for improving vocational evaluation services as applied to vocational rehabilitation.

1) Contemporary Changes in the Practice of Vocational Evaluation and Assessment

Information on vocational evaluation first appeared in the literature in 1947, thus making it a relatively new profession. Over time, the field has evolved to meet the changing needs of new service populations and markets. Twenty-five years ago there were only **two** commercial evaluation and work sample systems on the market, while today there are **eighteen**, many of which use computer technology. Over the past ten-to-fifteen years change in rehabilitation has been accelerating at a dizzying pace, outstripping the capacity for catch-up by most rehabilitation professions. As a result, vocational evaluation has been viewed as "out of touch" and "ineffective" by some of the newer disciplines in rehabilitation that have flourished in this environment of rapid change. In many cases, uninformed opponents of vocational evaluation would refer to the evaluation of the 1970's when describing current practice. The myopic view of vocational evaluation as little more than testing to screen people **out of** rather than **into** services, training, and jobs was inappropriately referred to as "state-of-the-art." There is no question that a lack of resources and qualified evaluators, as well as the desire on the part of users to obtain a cheaper and faster service have created problems. However, these problems can be solved and services greatly improved and expanded to better serve consumers.

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Without question, vocational evaluation has made significant strides in recent years in the areas of empowerment, assessment of "career" opportunities and career development, and reasonable accommodation. Publications such as **Vocational Evaluation and Traumatic Brain Injury: A Procedural Manual** (S. Thomas, Materials Development Center, 1991) provides detail for practitioners on how to provide a flexible and dynamic evaluation that takes into account the accommodation of learning and performance. This rapidly expanding process of criterion-referenced evaluation and interpretation has offered evaluators new approaches and insights in order to help them better serve individuals with severe disabilities, a technique that has not been inherent in the more traditional, standardized norm-referenced procedures.

The emerging trend in rehabilitation and vocational evaluation to focus on the consumer as the primary decision maker will help make the concept of **informed choice** a reality. Since information is empowering, vocational evaluation has much to offer a consumer who has not, until recently, been provided with the essential information needed to make tough choices concerning working, living, and learning. Given the opportunity, vocational evaluation can serve as a pivotal point in the consumer's information gathering and decision making process.

2) Research Supporting the Effectiveness of Vocational Evaluation Services

Although research on the effectiveness of vocational evaluation is relatively limited, what is available supports the utility of evaluation as a successful planning and placement tool in a variety of settings. For example, Williams (1975) conducted a follow-up study to examine the relationship between evaluator recommendations and placement. Follow-up was conducted on 56 vocational rehabilitation clients evaluated between August 1974 and July 1975, by the Vocational Development Center in Menomonie, Wisconsin. Client status outcome at time of follow-up was compared to report recommendations to determine correspondence. Findings revealed that in the 68% of the cases where recommendations were followed, 92% of the clients were successfully placed. In the 32% of the cases where recommendations were not followed, only 28% of the clients were successfully placed. The study also cited counselors' reasons why recommendations were helpful or were not followed.

Ward-Ross (1985) reviewed the vocational evaluation reports and Individualized Written Rehabilitation Programs (IWRP's) of 56 closed cases of the North Carolina Division of Vocational Rehabilitation Services, to determine the extent to which counselors used the reports in the planning process. Cases were randomly chosen from a group of vocational evaluations completed in three different evaluation settings during a three-month period in 1982: vocational rehabilitation agency offices, regional rehabilitation hospitals, and sheltered workshops. The degree of report utilization in planning was compared to closure status to determine if there was a relationship. The study found that recommendations were followed in 82% of the cases, which is significant beyond the .001 level. In addition, there was an 83% successful closure rate when recommendations were followed, a 67% success rate when recommendations were followed somewhat, and a 50% success rate when recommendations

were not followed. There was no significant difference in the level of success and the setting in which the vocational evaluation was conducted.

Evans (1986) conducted a study of vocational class placement and performance success of 201 special needs students in Louisiana Planning Region V, who received a formal vocational assessment. Vocational teachers were asked to rate those special needs students from the study group who were in their classes, in each of the following categories: effort, attitude, getting along, taking directions, behavior, accept supervision, attention span, accept boredom, attendance, work quality, overall performance, and grade average. Students who were placed according to the assessment results performed significantly better ($p < .01$) in all categories, with the exception of attendance, than students who were placed in areas other than recommended in the report. These three selected studies demonstrate the effective use of evaluation services in a variety of different settings.

Regarding the most current research, a two-year study entitled **EVALUATION OF VOCATIONAL ASSESSMENT PROCEDURES AND THE IWRP PROCESS USED BY STATE VR AGENCIES** was funded by the Rehabilitation Services Administration, U.S. Department of Education, and conducted by the Research Triangle Institute (RTI) under the direction of Dr. Becky Hayward (Hayward, et al, 1992). A key objective of the study was to identify effective policies and practices of vocational evaluation as applied to IWRP development and successful outcome. In general, the results support the importance of vocational evaluation to the vocational rehabilitation planning and placement process. The study report recommends training of counselors in the use of evaluation, and the training of evaluators in improved service delivery methods. The study recommendations conclude that VR "counselors should work more closely with clients in matching job placements to the vocational goal, using vocational evaluation findings as a source of information for planning."

Unfortunately, since there are currently no funded projects or Rehabilitation Research and Training Centers that are studying the effectiveness of vocational evaluation, the field will not be able to progress as rapidly as it would like.

3) The Impact of Education and Certification on Vocational Evaluators and the Quality of Service Delivery

Over the past 10 years, Ann Puryear, a Regional Evaluation Specialist with the North Carolina Division of Vocational Rehabilitation Services (NCDVRS) has compared the services provided by vocational evaluators **with** formal training and **without** formal training in the field. In her role as supervisor with NCDVRS she monitors the delivery of vocational evaluation services in 1/4 of North Carolina. In this capacity she has supervised the work of vocational evaluators who received masters degrees in vocational evaluation from Auburn University, East Carolina University, and the University of Tennessee, and from evaluators who entered the job with no training in the field. Results of this ten-year study revealed that vocational evaluators who were hired with masters degrees in the field "became fully productive and able to work independently of supervision in **two-to-three weeks**."

Individuals hired without a graduate degree in vocational evaluation took two-to-three years to achieve the same level of productivity and independence."

Another interesting finding of the study was that employees who were graduates in vocational evaluation degree programs had the base of knowledge needed to adapt to new situations (e.g., working with new disability groups, using new instruments and techniques) not possessed by evaluators without the degree. Additionally, it was found that "due to their gaps in learning" some evaluators without graduate training never learned to fully adapt. Untrained evaluators also tended to leave their jobs more frequently than did masters level evaluators.

Although there are no definitive studies supporting the effectiveness of evaluators who were Certified in Vocational Evaluation (CVE) over those who were not, the national certification standards are significantly related to the curriculums provided by graduate programs in vocational evaluation. The Commission on Certification of Work Adjustment and Vocational Evaluation Specialists (CCWAVES) has developed 14 **ESSENTIAL KNOWLEDGE AND PERFORMANCE AREAS** that are based on role and function studies of evaluators nationwide as well as on consultation with university faculty in the field. These 14 areas include: Philosophy and Process of Vocational Evaluation and Assessment; Job Analysis; Occupational Information; Functional Aspects of Disability; Vocational Interviewing; Individualized Vocational Evaluation Planning; Standardized Testing; Work Samples and Systems; Situational and Community-based Assessment; Behavioral Observation; Assessment of Learning; Functional Skills Assessment; Vocational Evaluation Report Development and Communication; and, Modifications and Accommodations. These areas are routinely included in the curriculums of vocational evaluation graduate programs, as is the CCWAVES **Code of Ethics**.

Graduate programs in vocational evaluation are one of the few remaining sources for the research and development of new evaluation materials and techniques. However, the number of programs is quite small, limiting not only the output of new materials and ideas, but the number of masters-level vocational evaluators as well. The Vocational Evaluation and Work Adjustment Association (VEWAA) a division of the National Rehabilitation Association (NRA) released its 1995 Directory of **GRADUATE PROGRAMS IN VOCATIONAL EVALUATION**. Currently, 12 universities offer graduate specializations in vocational evaluation, and include: Auburn University, Boston University, East Carolina University, The George Washington University, Illinois Institute of Technology, InterAmerican University-Metro Campus (Puerto Rico), San Jose State University, Southern Illinois University, Southern University, University of Northern Colorado, University of North Texas, and, University of Wisconsin-Stout. At least three additional universities have indicated a strong interest in developing a graduate track in vocational evaluation in the near future.

Primarily as a result of declining Federal funds, over the past 15 years the field has lost the University of Arizona, Syracuse University, University of Missouri-Columbia, Mississippi

State University, West Virginia University, University of Georgia, University of Tennessee-Knoxville, and the University of South Florida, as institutions where graduate specializations in vocational evaluation could be obtained, even though job demand for evaluators has consistently remained high. Although the remaining universities continue to be strong and committed to the field, research indicates that the demand for qualified evaluators will be significantly higher than the availability of university-trained evaluators (Pelavin Associates studies in 1986, 1989, and 1992). An article by Shirley Stewart entitled **Personnel Shortages in Vocational Evaluation**, published in the 1993 edition of the VEWAA Issues Papers further supports this significant need. The article reviewed 1991 survey data in which 64.1% of surveyed employers advertising with the Vocational Evaluation and Work Adjustment Association (VEWAA) Employment Exchange indicated that the employment pool for vocational evaluator position openings was inadequate (i.e., lacked qualified applicants).

Unfortunately, short-term training in vocational evaluation is no longer funded by RSA, and long-term training funds have become very limited and even endangered. In a September 21, 1994 letter to Tom Finch with NIDRR, it was stressed that failure to provide Federal funding for short-term and long-term training ignores the need and exacerbates an already serious problem. It is felt by many professionals in the field that criticisms concerning poor evaluation service delivery are primarily the result of inadequate personnel preparation, and a lack of attention to this training priority will only make matters worse. For example, an evaluator who has not been trained to consider the most appropriate learning style of a person with a specific learning disability when administering instruments and writing recommendations, will more than likely underestimate the individual's vocational potential. The same result may occur when untrained evaluators fail to modify their service to compensate for various problems related to timed testing, poor academics, and possible accommodation needs. Lack of essential knowledge will result in assessments that screen people **out of** rather than **in to** appropriate services, training, and career opportunities. A vocational evaluation can only be as good as the individual delivering the service.

The letter to Mr. Finch concluded that there will always be a need for vocational evaluation and assessment--with or without training. The question is, will we have the personnel who are well trained to competently provide the service? There is no question that inferior evaluations will result in inappropriate planning and placement, and the funding of short-term and long-term training in vocational evaluation is a cost-effective way to ensure that this does not happen.

4) **Recommendations for Improving Vocational Evaluation Services as Applied to Vocational Rehabilitation**

♦ Continue and expand short-term and long-term training funds in the area of vocational evaluation in order to increase the pool of qualified service providers and keep them current in state-of-the-art practice.

♦ Work closely in partnership with vocational evaluators, other rehabilitation professionals, and consumers to ensure that regulations are written and instituted to promote **quality** vocational evaluations that empower consumers with knowledge, so they can make informed choices concerning their career paths.

♦ Fund future research to identify best practices in vocational evaluation that can be shared with practitioners through training and publication.

♦ Provide increased education to consumers and rehabilitation professionals regarding the important role **quality** vocational evaluations can play in ensuring effective decision making and planning opportunities, and subsequent success in working, living, and learning.

♦ Consider using recommendations in the vocational evaluation report as a tool for developing rehabilitation teams with consumers, since the people and services identified in the recommendations will be in the best position to help consumers achieve their goals.

Although it is difficult in such a short letter to adequately address all of the needs and issues, I hope this information gives you some sense of the importance of vocational evaluation, and how it can benefit our future movement toward more successful planning and placement activities. If you have any questions or need additional information, please do not hesitate to contact me at (919) 328-4454.

Most Sincerely,

Stephen W. Thomas, Ed.D., CVE, CRC
Professor and Director
Graduate Program in Vocational Evaluation
Department of Rehabilitation Studies

Chair, Standards Committee
Vocational Evaluation and Work Adjustment Association

NATIONAL FORUM

ANALYSIS OF A NATIONAL STUDY IN VOCATIONAL ASSESSMENT PROCEDURES WITH VOCATIONAL REHABILITATION CLIENTS

Becky J. Hayward

Stephen W. Thomas

Abstract

This article presents selected findings of a two-year RSA sponsored study conducted by the Research Triangle Institute. Although the study focused on vocational evaluation and CWRP practices of state vocational rehabilitation agencies, only those major results specific to vocational evaluation will be presented. Several recommendations concerning vocational evaluation practice will also be reviewed.

INTRODUCTION

This two-year study was funded by the Rehabilitation Services Administration, U.S. Department of Education, and conducted by the Research Triangle Institute under the direction of Dr. Becky Hayward. The final document (Hayward et al., 1992) reports that the "broad purposes" of the study were:

> To identify vocational assessment and CWRP practices that are most effective at key points in the rehabilitation process in terms of facilitating successful client outcomes, given relative costs, including monetary costs, client burden, and other factors; and
>
> To develop recommendations to RSA concerning implementation of these "exemplary" or "model" practices throughout the VR system.

Study objectives specific to vocational evaluation were designed to:

> Examine current policies and practices in vocational evaluation and assessment within the state-federal VR system;
>
> Determine the uses of diagnostic and assessment information at key stages in the VR process, including eligibility determination, articulation of vocational goals and intermediate objectives during services, and at placement;
>
> Identify effective assessment and CWRP practices in use in state VR agencies; and
>
> Provide recommendations for RSA's consideration in fostering the widespread use of effective practices in vocational assessment/vocational evaluation throughout the state-federal system.

Although the full study also addressed the effectiveness of the CWRP process, this article will focus on the outcomes and recommendations of vocational evaluation and assessment as provided to vocational rehabilitation clients. The study was particularly important since many critics have argued that vocational evaluation was too expensive, was offered too frequently, and created an excessive client burden (i.e., was a hardship on the client).

METHODOLOGY

The study methodology involved the following steps:

1. Convene a Panel of Experts composed of state and federal policymakers and practitioners, evaluation experts, and client advocates.

2. Review the vocational evaluation and assessment literature.

3. Visit state agencies to explore vocational evaluation service issues.

4. Develop a conceptual framework, study questions, and survey documents, and refine study design.

5. Survey state VR agencies universally.

6. Sample 15 randomly selected states with probability proportional to size, and select for review 900 client case files closed in fiscal year 1989 in either status 26 (closed rehabilitated) or status 28 (closed, not rehabilitated).

7. Survey rehabilitation counselors, vocational evaluation specialists, and vocational evaluation providers in the sample, and conduct telephone interviews with clients; and

8. Review client case records.

Data from these various sources was tabulated and analyzed and the results reported in the final report delivered at the 1991 Spring Institute with recommendations for improved service delivery. Selected vocational evaluation findings will be highlighted throughout the remainder of this article, and divided into those sections that address administrative results, process findings, and study recommendations. The terms vocational evaluation and vocational assessment as identified and used in this study follow the same definitions provided in the Iowa Glossary.

ADMINISTRATIVE RESULTS

This section will review sources of evaluations, states that evaluation is offered, cost and length of service, disabilities served and evaluation training and training priorities through tables and figures in the original study. The results by 15 and 28 closure status and severe and nonsevere disabilities percent totals for 26 closures will only be presented since they tend to represent best practice findings.

Sources of VR Vocational Evaluations. Evaluations identified in the study have been provided primarily by three sources - 21.7% agency staff only, 41.4% vendor staff only, and 50.7% agency and vendor staff. Table 1 shows that private, nonprofit facilities provide the largest number of evaluations followed by VR agency rehabilitation facilities. Rehabilitation facilities continue to provide the largest percentage of evaluations to VR clientele. It is interesting to note that 50% of VR agencies employed vocational evaluation specialists, and approximately 41% of VR counselors used only one vendor for all vocational evaluations of their clients. In addition, 15% of the VR counselors in the study personally performed their own vocational evaluations.

TABLE 1
Percentage of VR Agencies Authorizing Types of Organizations to Provide Vocational Evaluation Services

Private, nonprofit facility	54.3%
VR agency rehabilitation facility	49.3%
Private, for-profit facility	26.0%
Public education institutions	24.7%
Independent professionals	15.1%
Public employment service	8.2%
All other types	8.2%

Only 47% of clients in the study received a vocational evaluation. This statistic does not support the argument that evaluations are overused, but tends to support the notion that they are prudently utilized by VR counselors.

VR Process Stages for Vocational Evaluation. Figure 1 clearly identifies the "eligibility status" as the most frequent stage at which clients receive a vocational evaluation. [48] Figure 1 also is the "extended evaluation" stage where long-term evaluations are most often administered.

Evaluation Costs. The average cost of purchased vocational evaluations was $335 for clients closed in and $291 for clients closed in status 28. Over half of the vocational evaluations cost less than $200, indicating that cost is not a factor in this phase of service delivery. In fact, less than 12% of VR case expenditures go to vocational evaluation.

Length of Evaluation Services. The length of evaluation services for VR clients closed in status 26 is as given in Table 2.

TABLE 2
Percentage of VR Clients Closed in Status 26 who Received Various Modes of Vocational Evaluation

No mode of service was administered	4.1%
Less than one day of evaluation	12.8%
One day of evaluation	12.8%
Two to three days of evaluation	7.1%
Four to five days of evaluation	3.0%
More than five days, up to two days	3.0%
More than two days, up to one month	10.1%
More than one month	8.7%
Other	2.1%

This somewhat bimodal distribution skews slightly more emphasis on the shorter evaluations but indicates that most evaluations (48) base service length on the needs of the client and counselor.

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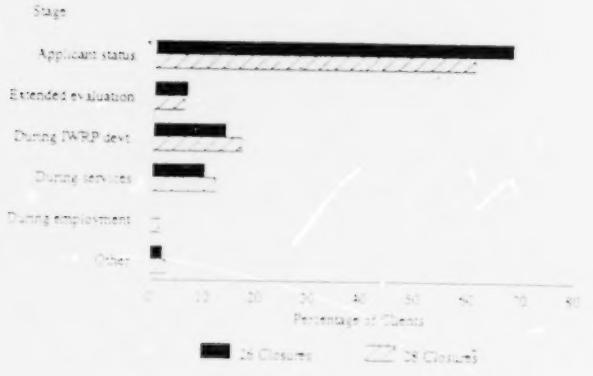
Figure 1

Stages in the VR Process at Which Clients Receive Vocational Evaluation



Difficulties Noted by Vocational Evaluators

Figure 2 reveals that difficulties or uncertainties that frequently interfered for vocational evaluators with services included infrequent employment terms, laziness, and mental retardation. These findings are not surprising with the exception of the potentially high number of persons with substance abuse receiving services.

It is important to remember that the number of successful and unsuccessful closures reported in this study cannot be used solely to determine the validity of vocational evaluation. Since some evaluations do not identify immediate vocational goals or other impairments a variety of essential services prior to placement, job success is not always an appropriate measure of evaluator effectiveness. Evaluation with employment status would require a detailed analysis of the extent that evaluator report content and recommendations are used in the IWRP.

Hiring and Training Requirements of Vocational Evaluators. Since the limited number of graduate programs in vocational evaluation have created shortages in the availability of qualified job applicants, state agencies have experienced a number of difficulties in hiring vocational evaluators. Table 3 summarizes the various problems state agencies have in recruiting qualified candidates.

TABLE 3

Percentage of Agencies Reporting Hiring Factors That Limit Recruitment and Hiring of Salaried Vocational Evaluators
(with state VR agencies employing evaluators)

Other employment opportunities	74.1%
Salary scale relative to other workers in rehabilitation	70.4%
Insufficient number of workers graduating	51.9%
Inadequate materials from training programs	44.4%
State personnel policies hurt service requirements	41.9%
Job locations (e.g., rural areas	29.6%
Lack of opportunities for advancement	29.6%
Inadequate recruitment policies process	25.9%
Educational requirements	18.5%
Requirements about years of experience	11.1%
Political appointments or patronage	7.4%
Collective bargaining requirements	3.7%

Note: Multiple responses were possible

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Figure 2
Evaluated Clients' Disabilities

Despite a sufficient number of pre-service and inservice programs that have evaluated to meet the identified needs, these shortages still continue. Industry service delivery is dependent on appropriate and professionally-based training.

With respect to inservice training topics listed, it suits the types offered and the percent of VR agencies providing the specified training.

TABLE 4

Percentage of VR Agencies Providing Inservice Training on Specific Topics for Vocational Evaluation Specialists

New client populations	35.5%
Supported employment	32.3%
Administration of instruments	29.0%
Interpretation of results	29.0%
Vocational evaluation report development	24.7%
Staffing with counselors	23.1%
Vocational rehabilitation process	21.5%
Referral procedures	19.4%
Disability/disability bias	19.4%
Individualized Written Rehabilitation Program (IWRP)	13.9%

Other study data indicated that rehabilitation counselors received their highest percentage of agency training on supported employment (42.2%). Vocational evaluation was fourth, as this list with 51.6% of the state agencies offering their counselors training in this area, and 43.8% in extended evaluation.

PROCESS FINDINGS

This section will highlight the various components and instruments used in the vocational evaluation process. Types of vocational evaluation recommendations and counselor reasons for using vocational evaluation will also be presented.

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Percentage of Vocational Evaluations that Include Selected Components. Table 5 lists the selected components of a vocational evaluation service as identified in client files. The table contains the percent of vocational evaluations for clients who were closed successfully in status 26.

TABLE 5
Percentage of Vocational Evaluations that Include Selected Components

Specific tests and work samples	98.3%
Clinical interview	50.4%
Situational assessment	12.3%
Functional assessment	12.1%
Other	4.8%
In-the-job evaluation	

Although only half of the evaluations included an interview, nearly all used tests or work samples. Collectively, slightly more than a third of the vocational evaluations had situational assessment or job site evaluation.

Most Frequently Administered Instruments. Case reviews indicated that vocational evaluations tended to rely more on standardized tests with achievement being the most frequent area of testing. Several work samples were used more frequently with severely disabled individuals. Table 6 indicates the percent of use of instruments with clients closed in status 26.

TABLE 6
Most Frequently Administered Tests and Work Samples

Wide Range Achievement Test	33.4%
Wechsler Adult Intelligence Scale	31.3%
General Aptitude Test Battery	25.5%
[illegible]	21.7%
[illegible]	21.7%
Other: The Wide Range Achievement and Revised Beta III were also used to a limited degree with clients who were successful in a 26 closure status.	

It is important to note that VR counselors frequently requested specific tests by name. Evaluators would like to administer more work samples and vocationally-related tests than they should like to obtain counselors' views on the value of such instruments.

Vocational Evaluation Recommendations. Figure 3 illustrates the types of recommendations formulated in vocational evaluation reports contained in vocational evaluation documents abstracted from the study. Although many of the instruments used in the evaluation process were more psychological in nature, they resulted in a significant degree of vocational-type recommendations. The largest percentage of recommendations were in the "occupational area" i.e. general career clusters and job families. This was closely followed by recommendations for "education training" but with a lower 26 than 28 closure status. The areas of "vocational goal" i.e. specific job recommendation and "job placement" i.e. general recommendation for employment with no stated goal were also high on the list.

In general, two of the three employment-related recommendation categories resulted in higher percentages of 26 over 28 closure rates. Those categories resulting in higher 26 over 28 closure rates included education training, Personal counseling, work assessment, supported employment, Physical restoration, and mental restoration. As mentioned earlier, the degree of success or failure cannot be directly related to the vocational evaluation process or resulting report and is not an indication of validity.

VR Counselors' Selected Purposes for Using Vocational Evaluation. To better direct evaluations in the development of this service, it was important to determine why counselors referred their clients to vocational evaluation. Table * provides a prioritized description of counselors' reasons based on clients closed in status 26.

TABLE *
Percentage of Possible VR Clients' Counselors who Reviewed as Important Selected Purposes of Vocational Evaluation*

To determine client's vocational abilities	71.0%
To help determine which services client will be needed	61.3%
To help develop an appropriate IWRP	41.9%
To determine client's attitudes and motivations	38.7%
To help make a determination of eligibility	34.4%
To give client a more realistic understanding of self as a worker	25.8%
To improve client's likelihood of employment	22.6%
Other:	

*Respondents could select three responses.

The priority of the results suggest that counselors surveyed in the study tended to place more emphasis on professional use of the information for client assessment and planning rather than on client involvement as a tool/part in assessment and planning. With greater emphasis being placed on empowerment of participants in the vocational rehabilitation process, client involvement will need to receive more attention.

STUDY RECOMMENDATIONS

The following key recommendations regarding vocational evaluation services include the study report. These recommendations are based on study findings and should be used to guide vocational evaluators and rehabilitation counselors in improving service delivery practices.

1. Vocational evaluation should place more emphasis on vocational issues. Strategies for increasing vocational focus might include criteria for the content of evaluations and training of VR counselors in vocational evaluation. Although VR counselors in vocational evaluation [illegible] a strong vocational focus, it was felt that the instruments used tended to lack direct vocational relevance.

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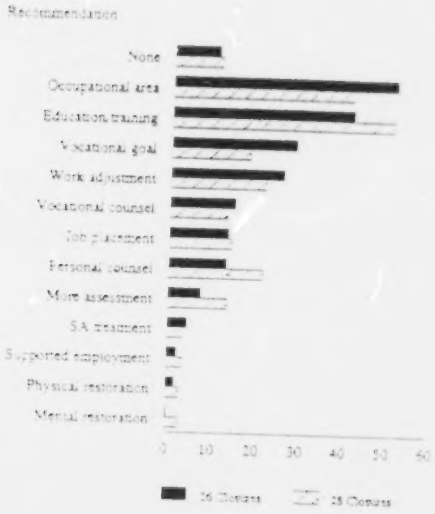
Figure 1

Vocational Evaluation Recommendations



3. Given the study's observed positive relationship between vocational services and closure status, counselors should ensure an appropriate vocational orientation to service plans, based on findings and recommendations from vocational evaluations.

4. State VR agencies should be encouraged to make information and training available to VR counselors on uses of assessment instruments, interpretation of results, and uses of findings in service planning.

5. State VR agencies should be encouraged to make information and training available to vocational evaluation specialists on uses of assessment instruments, interpretation of results, and uses of findings in service planning.

6. State VR agencies should be encouraged to establish standards for use of tests and evaluation instruments based on reliability, bias, accessibility, vocational focus, and appropriateness for fulfillment individuals with disabilities.

7. Given the study's observed positive relationship between achievement of the vocational goal and clients' longer term positive outcomes in work status, quality of life, community involvement, and satisfaction with VR, counselors should work more closely with clients in matching job placements to the vocational goal, using vocational evaluation findings as a source of information for planning.

REFERENCE

Hayward, B. J., Wilke J., Thorne, J., Stoddard, S., & Wilhite, J. (1992). EVALUATION OF VOCATIONAL ASSESSMENT PROCEDURES AND THE IWRP PROCESS USED BY STATE VR AGENCIES. Research Triangle Park, NC: Research Triangle Institute.

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Code of Ethics

In Summary

Tenet 1. Moral and Ethical Standards

Tenet 2. Legal Standards

Tenet 3. Professional-Client Relationship

Tenet 4. Professional Relationships

Tenet 5. Confidentiality
Professionals shall respect the confidentiality of information obtained from clients in the course of their work.

Tenet 6. Professional Competency
Professionals shall provide services to clients which demonstrate competence of technical knowledge and performance which is established by CCWAVES, and ensure that all services are necessary and appropriate.

Tenet 7. Research and Publication

Tenet 8. Consultation
Professionals shall adhere to recognized professional practices in pricing, promoting and contracting for services.

CCWAVES National Office

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GRADUATE PROGRAMS IN VOCATIONAL EVALUATION
1995 DIRECTORY

A resource publication of the
Vocational Evaluation and Work Adjustment Association
a Division of the National Rehabilitation Association

VEWAA surveyed universities throughout the United States in order to develop a resource directory of graduate specialty programs in vocational evaluation and assessment. The directory was created for use by prospective students interested in researching educational opportunities in the field, and for employers seeking qualified candidates for vocational evaluator job openings. The 12 universities included in this directory are listed alphabetically. A standardized format is used in describing each program so that information can be easily compared. Additional copies of this directory can be requested from the VEWAA Home Office, 3815 Hermitage Drive, Colorado Springs, CO 80918.

Graduate Programs Included in the Directory

Auburn University	San Jose State University
Boston University	Southern Illinois University
East Carolina University	Southern University
The George Washington University	University of Northern Colorado
Illinois Institute of Technology	University of North Texas
Virginia Commonwealth University - West Campus	University of Wisconsin - Stout

AUBURN UNIVERSITY

1. Name, address, and telephone number of VE program:

   Graduate Program in Vocational Evaluation/Work Adjustment
   Department of Rehabilitation and Special Education
   1234 Haley Center
   Auburn University, AL 36849

   334-844-5075 FAX: 334-844-3240

2. Program director/contact person:

   Randall S. McCallum, Ed.D., CRC, CVE
   Director

3. Type of degree received and title description of VE specialty:

   Master of Science (M.S.)

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4. Time required to complete degree

90 to 90 Quarter Hours requiring six quarters including a quarter of internship. If dual certifications are desired, an extra quarter of internship is required.

5. Other degree programs or graduate specialties offered

B.S. degree in Rehabilitation Services
Ph.D. in Rehabilitation and Special Education
M.Ed. degree in Rehabilitation Counseling

BOSTON UNIVERSITY

1. Name, address, and telephone number of VE program

Graduate Program in Vocational Evaluation
Department of Rehabilitation Counseling
Boston University
Sargent College of Allied Health Professions
635 Commonwealth Avenue
Boston, MA 02215

(617) 353-2709 FAX (617) 353-7500

2. Program director/contact person

Norman C. Hursh, Sc.D., C.V.E., C.R.C.
Associate Professor and Director of Vocational Evaluation Specialization

3. Type of degree received and title/description of VE specialty

Master of Science (M.S.)
Specialization in Vocational Evaluation;
Specialization in Vocational Evaluation and Rehabilitation Counseling

4. Time required to complete degree

48 credit hours, including two-year internship; 52 credit hours for Vocational Evaluation and Rehabilitation Counseling specialization

5. Other degree programs or graduate specialties offered

Bachelor of Science (B.S.) in Rehabilitation and Human Services
Master of Science (M.S.) and Certificate of Advanced Graduate Studies (C.A.G.S.) in

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Rehabilitation Counseling (specialization areas in industrial rehabilitation or psychiatric rehabilitation)
Master of Science (M.S.) Off-campus program in psychiatric rehabilitation
Doctor of Science (Sc.D.) in rehabilitation counseling

EAST CAROLINA UNIVERSITY

1. Name, address, and telephone number of VE program

Graduate Program in Vocational Evaluation
Department of Rehabilitation Studies
School of Allied Health Sciences
East Carolina University
Greenville, NC 27858-4353

919/ 328-4454 FAX 919/ 328-4454

2. Program director/contact person

Stephen W. Thomas, Ed.D., CVE, CRC
Professor and Director

3. Type of degree received and title description of VE specialty

Master of Science (M.S.) in vocational evaluation

4. Time required to complete degree

45 semester hours (approximately 15 months) for vocational evaluation specialty; 51 semester hours (approximately 22 months) for dual specialization in vocational evaluation and rehabilitation counseling

5. Other degree programs or graduate specialties offered

B.S. in rehabilitation services
M.S. specializing in vocational evaluation, or rehabilitation counseling, or substance abuse counseling, or a combination of two of these graduate specialties (dual degree)
Certificate of Graduate Study in Vocational Evaluation from the three-week Vocational Evaluation Summer Institute

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THE GEORGE WASHINGTON UNIVERSITY

1. Name, address, and telephone number of VE program

Collaborative Vocational Evaluation Program
Department of Teacher Preparation and Special Education
The George Washington University
2134 G Street, NW, Fourth Floor
Washington, D.C. 20052

(202) 994-1534 FAX (202) 994-3165

2. Program director/contact person

Pamela J. Leconte, Ed.D., CVE
Project Director

3. Type of degree received and title designation of VE specialty

Master of Arts (M.A.) or Educational Specialist degree (Ed.S.)
Transitional Special Education: Collaborative Vocational Evaluation Training

4. Time required to complete degree

45 - 48 credit hours, including Practicum and Internship field experiences

5. Other degree programs or graduate specialties offered

Transitional Special Education: Secondary Education in Learning Disabilities, Correctional Special Education, Traumatic Brain Injury, Transition Services for At-Risk Youth with Serious Emotional Disturbance, At-Risk Youth in Transition Services, Returning Peace Corps Fellows, and Doctoral Leadership Training

Rehabilitation Counseling: M.A. in Rehabilitation Counseling, Ed.D. in Rehabilitation Counseling, and Job Development and Placement Certificate Program

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ILLINOIS INSTITUTE OF TECHNOLOGY

1. Name, address, and telephone number of VE program

Department of Rehabilitation Counseling/Psychology
Vocational Evaluation Specialty Program
Illinois Institute of Technology
Life Sciences Building, Room #256-E
Chicago, IL 60616-3793

(312) 567-5933 FAX (312) 567-3493 Email: Psychroldan@munna.iit.edu

2. Program director/contact person

Gwen K. M. Roldan, Ph.D., CVE, CRC
Assistant Professor and Vocational Evaluation Program Area Director

3. Type of degree received and title description of VE specialty

Master of Science (M.S.)
Dual specialization in vocational evaluation and rehabilitation counseling

4. Time required to complete degree

60 semester hours (approximately two years) for vocational evaluation specialty

5. Other degree programs or graduate specialties offered

M.S. in Rehabilitation Counseling specializing in vocational evaluation or rehabilitation engineering technology
Ph.D. in Rehabilitation Psychology

INTERAMERICAN UNIVERSITY - METRO CAMPUS

1. Name, address, and telephone number of VE program

Vocational Evaluation Program
Graduate School of Education
InterAmerican University - Metro Campus
P. O. Box 191293
San Juan, Puerto Rico 00919-1293

(809) 738-6438 FAX (809) 250-1197

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2. Program director/contact person

Ernesto Perez, Ph.D., CVE
Professor and Director

3. Type of degree received and title description of VE specialty

Master of Arts (MA) in Education with Specialization in Vocational Evaluation

4. Time required to complete degree

42 semester hours/M.A. with specialization in VE. Approx. 2 1/2 years

5. Other degree programs or graduate specialties offered

Professional Certificate in Vocational Evaluation (for rehab., special ed. and other related areas professionals with master degrees). 18 semester hours/Approx. 1 year with summer session

SAN JOSE STATE UNIVERSITY

1. Name, address, and telephone number of VE program

Graduate Program in Vocational Evaluation
Division of Special Education and Rehabilitative Services
San Jose State University
One Washington Square
San Jose, CA 95192-0078

(408) 924-3700 FAX (408) 924-3713 TDD (408) 924-3702

2. Program director/contact person

Theodore J. Montemurro, Ed.D.
Division Head and Project Director of Vocational Evaluation

3. Type of degree received and title description of VE specialty

Master of Education
Concentration in Vocational Evaluation

4. Time required to complete degree

48 credit hours

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5. Other degree programs or graduate specialties offered:

None

SOUTHERN ILLINOIS UNIVERSITY

1. Name, address, and telephone number of VE program:

Rehabilitation Administration & Services, Vocational Evaluation Rehabilitation Institute
Southern Illinois University - Carbondale
Carbondale, IL 62901-4609

(618) 536-7704 FAX (618) 453-8271 TDD (618) 453-8268

2. Program director/contact person:

Darrell W. Taylor, Ph.D., CVE, CRC
Assistant Professor

3. Type of degree received and title/description of VE specialty:

Master of Arts (MA)
Vocational Evaluation Sequence on dual specialization in VE and rehabilitation counseling

4. Time required to complete degree:

48 semester hours for VE sequence, Rehb. Adm. & Services Program
three courses in VE within the Rehabilitation Counselor training program (48 hours)

5. Other degree programs or graduate specialties offered:

M.A. rehabilitation counseling
M.A. behavioral analysis and therapy

SOUTHERN UNIVERSITY

1. Name, address, and telephone number of VE program:

Rehabilitation Counseling
Southern University
Baton Rouge, LA 70813

(504) 771-2990 FAX (504) 771-2495

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2. Program director/contact person

Madan M. Kundu, Ph.D., FNRCA, CRC, NCC
Coordinator and Professor

3. Type of degree received and title/description of VE specialty

Master of Science (M.S.)
Specialization in Vocational Evaluation and Work Adjustment

4. Time required to complete degree

48 semester hours (including 12 hours of specialization in VEWA)

5. Other degree programs or graduate specialties offered

Bachelor of Science (B.S.) in Rehabilitation Services

UNIVERSITY OF NORTHERN COLORADO

1. Name, address, and telephone number of VE program

Graduate Vocational Evaluation Program
Department of Human Services
McKee 41
University of Northern Colorado
Greeley, Colorado 80639

303/351-1580 FAX 303/351-1255

2. Program director/contact person

Juliet H. Fried, Ed.D., CVE, CRC
Associate Professor and Coordinator

3. Type of degree received and title/description of VE specialty

Master of Arts (M.A.)

M.A. degree in rehabilitation counseling with an emphasis (specialization) in vocational evaluation

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4. Time required to complete degree

60 semester hours (approximately 18-24 months, depending upon course load)

5. Other degree programs or graduate specialties offered

B.S. in human rehabilitative services
M.A. in rehabilitation counseling
M.A. in rehabilitation counseling with an emphasis (specialization) in vocational evaluation
Ph.D. in human rehabilitation

UNIVERSITY OF NORTH TEXAS

1. Name, address, and telephone number of VE program

Vocational Evaluation Program
Center for Rehabilitation Studies
University of North Texas
P.O. Box 13438
Denton, Texas 76203-3438

817 565-3487 FAX 817 565-3960

2. Program director/contact person

Eugenia Bodenhamer Davis, Ph.D.

3. Type of degree received and title description of VE specialty

Master of Science in Rehabilitation Services with a concentration in Vocational Evaluation or a dual concentration in Rehabilitation Counseling and Vocational Evaluation

4. Time required to complete degree

48 semester hour program in Vocational Evaluation – approximately 2 years
60 semester hour program in dual Rehabilitation/Vocational Evaluation concentration – 2 1/2 years

5. Other degree programs or graduate specialties offered

B.S. in Rehabilitation Studies
M.S. in Rehabilitation Services with concentrations in Rehabilitation Counseling or Vocational Evaluation

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Students in the Rehabilitation Counseling concentration may also take coursework leading to credentials in Addictions or in Biofeedback/Neurofeedback.

UNIVERSITY OF WISCONSIN - STOUT

1. Name, address, and telephone number of VE program:

   Vocational Rehabilitation Graduate Program
   Department of Rehabilitation
   School of Education & Human Services
   University of Wisconsin-Stout
   Menomonie, WI 54751

   (715) 232-2499 FAX (715) 232-2356

2. Program director/contact person:

   Shirley K. Stewart, CVE
   Associate Professor and Program Director

3. Type of degree received and title description of VE specialty:

   Master of Science (M.S.)

4. Time required to complete degree:

   48 semester hours (approximately 1½ years) for vocational evaluation specialty. 55 semester hours (approximately 2 years) for concentrations in vocational evaluation and rehabilitation counseling.

5. Other degree programs or graduate specialties offered:

   B.S. in vocational rehabilitation.
   M.S. in vocational rehabilitation with concentrations in vocational evaluation, rehabilitation counseling, or rehabilitation administration.

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